



Kansas Health Insurance Information System

Technical Manual

Third Edition

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I. SCOPE AND PURPOSE

During the 1994 Legislative Session, the Kansas Legislature passed statutes authorizing the Kansas Insurance Department (KID) to create a statistical plan, the Kansas Health Insurance Information System (KHIIS), to contain health insurance data, K.S.A. 40-2251. The Kansas Department of Health and Environment (KDHE) is serving as the statistical agent for the purpose of gathering, receiving and compiling data required by the plan. The objectives of the statistical plan are to determine if rates are reasonable in relation to benefits provided and to identify benefits or provisions that may be unduly influencing health insurance costs. To achieve this goal demographic information, insurance coverage provisions, and claims information are being collected for all covered lives in Kansas (see Appendix A for supporting legislation).

II. GENERAL RULES FOR SUBMISSION OF DATA

A. Time Frame Requirement for Data Submissions

1. Data is to be submitted to KDHE on a quarterly basis. Data is due to KDHE within 105 days from the end of the calendar quarter. Therefore, data submitted for the quarters ending March 31, June 30, September 30 and December 31 are to be submitted on or before July 15, October 15, January 15, and April 15, respectively.
2. Insurers may make arrangements with KDHE to provide data more frequently during the quarter. Upon receipt of a written request for an extension of the due date KDHE may for good cause, extend the time period for a particular reporting period. To make arrangements or for other questions, contact KDHE/KHIS staff at (785) 368-7394 or (785) 296-8629.

B. Data should be submitted in one of the following media:

Type	Character Code	Density	Format	Data Label
Reel Tape (Not preferred)	EBCDIC	1600 or 6250 bpi		Volume Number
8MM	EBCDIC	2gb, 5gb, or 7gb		Volume Number
½" Cartridge	EBCDIC	6250 bpi	Compressed	Volume Number
3 1/2" PC Diskette	ASCII	1.44 MB	ASCII Fixed	Volume Number
CD ROM	ASCII	650 MB	ASCII Fixed	Volume Number

Note: Do not combine record types in a file. Each record type should be in a separate file.

- C. Data submitted shall conform to the Standard Record Layout as specified by KDHE (see Appendix B).
- D. Each data submission is to be accompanied by a completed and signed Kansas Health Insurance Information System Data Submission Form (see Appendix C).
- E. A data dictionary is to be provided with the first data submission and amended as needed. The data dictionary provides information pertaining to the content of some of the variables requested and document exceptions. For example:
 - Product Description may be used to identify company specific plans that cannot be fully differentiated through use of the Plan Type and Product Type variables.
 - The Special Coverage Codes variable is included to provide flexibility in identifying products and coverage. Special Coverage Codes are defined by the insurer to define coverage plans in lieu of delineating specific items under the plan provisions.
 - Special situations:
 - o Describe how a value is calculated or derived in a manner different from that described in the manual.
 - o To clarify terminology used to describe the company's data elements.

- F. The insurance company is responsible for correcting errors or omissions in the data submitted. Once errors have been identified by KDHE, KID or the insurer the corrected data should be submitted to KDHE for inclusion in the KHIIS system. These corrected data submissions should be identified as resubmissions of existing data for the company.
- G. Every insured and/or certificate holder, eligible for coverage at any time during the reporting period, must be included in the Membership Record, even if no claims have been filed against the policy.
- H. Reporting Instructions
 - 1. Data submitted should include only claims associated with Kansas residents.
 - 2. Data submitted should include claims paid, claims adjusted, or amounts applied to patient liability (including co-pay, coinsurance, or deductible) during the reporting period.

III. INSTRUCTIONS FOR PREPARING DATA

A. The Member ID (MBRID) is to be a 32 character unique identifier that will permit information pertaining to a specific individual in any of the three files to be identified, linked, and analyzed. The Member ID is to be constructed in such a manner that the leftmost 30 characters may be used to group members into families. For this purpose a family is defined as a group of persons including one primary insured and covered dependents (including spouse and children). The premium for all members of a family should be included in the premium for the primary insured individual. The Member ID is the primary record level identifier. To illustrate creation of a Member ID:

1. Select a unique identifier (A) for the primary insured individual (e.g. social security number or other unique identifier, which may be encrypted). The resulting identifier (A) is to be 30 characters long and left justified. The primary insured's identifier is to be applied to all family members.
2. Assign a unique identifier to each family member. This identifier (B) is to be 2 characters long and right justified with a leading zero as needed.
3. Concatenate the two character strings above into a Member ID as:
A || B
4. The member ID will be needed for longitudinal tracking of a member, that is through time. Therefore, the Member ID must be prepared consistently for each data submission so the member can be tracked from the initial enrollment to disenrollment. This number should not be reassigned. This number should be maintained as the member moves across plans within a given company group (i.e. an individual moving from HMO coverage to PPO coverage with a different NAIC number would maintain the same member ID).

B. Key Fields to Enable Relating Records between Files

To make full use of all information it is necessary to match record level information from the membership file to information in the summary file and the detail file. To permit relating records it is necessary to have the Member ID, described previously, and the Claim Number prepared consistently in all files. The inability to relate records using the primary and secondary keys will be considered an error and be cause for KDHE to request that data be resubmitted.

	Membership	Summary	Detail
Primary Key	MBRID (Membership ID)	MBRID (Membership ID)	MBRID (Membership ID)
Secondary Key	NAICNO (NAIC Number)	NAICNO (NAIC Number)	NAICNO (NAIC Number)
Secondary Key	PATNO (Patient ID Number)	PATNO (Patient ID Number)	PATNO (Patient ID Number)
Secondary Key	PATDOB (Patient Date of Birth)	PATDOB (Patient Date of Birth)	PATDOB (Patient Date of Birth)
Secondary Key	PATSEX (Patient Gender Code)	PATSEX (Patient Gender Code)	PATSEX (Patient Gender Code)
Secondary Key	N/A	CLMNO (Claim Number)	CLMNO (Claim Number)

Please see the glossary for variable definitions.

C. Numeric data, for purposes of the KHIIS database, includes dates, financial variables, and percentages.

1. Dates should be submitted in the format CCYYMMDD where CC=century, YY=two digit year, MM=numeric month, and DD=day of month. All dates are eight digits long with no decimals.
2. Financial variables are of varied lengths as needed to accommodate data. The number included in the data submission should not contain a decimal point; decimal points are implied characters. The length and number of digits to the right of the decimal point is indicated in the record layout tables under the column heading LEN. The total length of the variable, including decimal digits, is given by the number left of the decimal and the number of decimal places is indicated by the number right of the decimal in this column. For example, 11.2 means 9 digits to the left of the decimal and 2 to the right; 9.0 means 9 digits to the left of the decimal and none to the right.
3. Financial variables should be submitted in zoned decimal format in order to distinguish payments (positive numbers) from reimbursements (negative numbers).
4. Percentage fields are all 3 digits in length with two decimals, as indicated by the length 3.2 in the LEN column of the record layouts.

D. Identifying Insurance Coverage and Allocating Coverage Provisions in the Membership File

1. The KHIIS membership file is intended to identify the insurance coverage for each individual included in the database. For persons with health/medical coverage (Product Type = 1) the objective is to have a single record created that captures the health insurance Plan Type (valid Plan Type 1, 2, 3, 4, 5, or 6) and indicates whether the plan includes drug or dental coverage by using the appropriate drug and dental coverage indicators. To accomplish this, please use the following algorithm:

- a) If an individual has medical/health insurance without drug or dental coverage indicate this as:

Variable Name	Variable Number	Variable Value
Product Type	9	1
Drug Coverage Indicator	11	N
Dental Coverage Indicator	12	N

- b) If an individual has medical/health insurance with drug but no dental coverage indicate this as:

Variable Name	Variable Number	Variable Value
Product Type	9	1
Drug Coverage Indicator	11	Y
Dental Coverage Indicator	12	N

- c) If an individual has medical/health insurance with dental but no drug coverage indicate this as:

Variable Name	Variable Number	Variable Value
Product Type	9	1
Drug Coverage Indicator	11	N
Dental Coverage Indicator	12	Y

- d) If the individual has medical/health insurance with drug and dental coverage indicate this as:

Variable Name	Variable Number	Variable Value
Product Type	9	1
Drug Coverage Indicator	11	Y
Dental Coverage Indicator	12	Y

2. Supplemental Plans (designated as Plan Type = 5) are those which provide additional benefits within the same product line(s) an individual is already covered, either from the same or a different payer. These include but are not limited to Medicare supplement plans. Using a Medicare Supplemental Medical/Health Plan as an example the Membership Record should be constructed as follows:

Variable Name	Variable Number	Variable Value
Product Type	9	1
Drug Coverage Indicator	11	as appropriate Y/N
Dental Coverage Indicator	12	as appropriate Y/N

Note: Supplemental Plans require further definition than is provided for in the coding of the Membership Record. Supplemental plans written for Kansas residents must be defined in the data dictionary. The variable Product Description may be used to differentiate between similar Supplemental Product Types (i.e. Medical/Health). Continuing with the Medicare Supplemental Plan(s) as an example it is necessary to differentiate between the various plans such as:

- Basic Medicare Supplemental Plans which cover copays and deductibles only
- Medigap Plans which cover the differences between the provider billed amounts and Medicare allowed amounts in addition to the copay and deductibles covered under the most basic Medicare Supplemental plan
- Medicare Exclusion Rider Plans for Medicare eligible persons still employed increase coverage to a level equal to that available through the employer group plan.

3. For persons with only Ancillary coverage(s), and no health insurance from the same insurer, the Product Type should be designated as an ancillary plan or other coverage (Product Type 2, 3, 4, 5 or 6) with the Plan Type = 6. Also, provide an appropriate response in the Drug and Dental Coverage Indicator variables to indicate if drug or dental coverage is included within the ancillary plan. For example:

- a) If the individual has an ancillary prescription drug policy the record should be as follows:

Variable Name	Variable Number	Variable Value
Product Type	9	2
Drug Coverage Indicator	11	Y
Dental Coverage Indicator	12	N

- b) If the individual has an ancillary dental service policy the record should be as follows:

Variable Name	Variable Number	Variable Value
Product Type	9	3
Drug Coverage Indicator	11	N
Dental Coverage Indicator	12	Y

- c) If the individual has an ancillary cancer, hospitalization, or other policy the record should be as follows:

Variable Name	Variable Number	Variable Value
Product Type	9	4 (5 or 6)
Drug Coverage Indicator	11	N
Dental Coverage Indicator	12	N

4. The premium for each product should be recorded in the monthly premium field corresponding to the Member Status (MBRSTS) = 1, for the particular coverage. In other words, the monthly premium for each product listed should be recorded in the monthly premium field corresponding to the primary insured (MBRSTS=1). The premium should include the cost of coverage for the particular product for all family members. No premium should be recorded in association with dependent membership records.

IV. Data Validation

Following receipt and processing the data will be analyzed to assess the content of the submitted files. Feedback will include a completed Data Assessment Checklist Form (see Appendix D) and a narrative summary of questions and concerns.

V. CONFIDENTIALITY

The privacy of individual patients, providers and insurers is of utmost importance to the Kansas Health Insurance Information System (KHIIS). In order to ensure privacy is maintained, several steps have been taken (see Appendix A for statutes and regulations).

- A. KID will not allow the identification of patients to be disclosed. All direct identifiers and characteristics that may lead to identification will be omitted from data released. Any identification, attempt at identification, or disclosure of a person is in violation of the confidentiality provisions of KHIIS.
- B. Certain protections are available to providers and insurers K.A.R. 40-1-45 specifies protection of information in the KHIIS database.
- C. Individual company level data provided to KDHE and KID is protected from public release under the Uniform Trade Secrets Act if it is designated by the company as trade secrets (K.S.A. 60-3320). Those elements that can be protected are: Total Charge, Total Allowed, Total Paid, Line Item Charge, Line Item Allowed and Line Item Paid. Any additions to the protected element list must be justified and are subject to approval by KID. A written letter requesting such protection must be sent to KID in order for any of the data to be covered by the trade secret clause.
- D. In any aggregate release of data, to protect confidentiality, a minimum number of patients or providers must be included. In following the recommended policy of the Health Care Data Governing Board, for statistical purposes all cells must contain a minimum of six (6) cases.
- E. Data for small areas will be released only after approval by KID and through aggregate reports.
- F. The insurance company will assign an encrypted identification number to providers. The provider number is to be assigned by the payer, with the exception of hospitals who are identified by their Medicare ID number.

VI. STANDARD REPORTS

KID and KDHE will be producing standard reports from the data collected. These reports will be generated at different intervals. Aggregate reports that include data from all contributors will be made available to the contributing companies, the legislature and to the public. Reports generated on a individual company basis will only be distributed to that company. Standard reports to be produced include:

- A. NAME: Comparison of Kansas Medical Procedures Against National Norms
PERIODICITY: Annually
RECIPIENTS: Companies, legislature, public
- B. NAME: Utilization Comparison to Standards Report
PERIODICITY: Annually
RECIPIENTS: Companies
- C. NAME: Cost Per Unit Comparison to Standards Report
PERIODICITY: Annually
RECIPIENTS: Companies
- D. NAME: Cost Per Unit Comparison to Standards Report
PERIODICITY: Annually
RECIPIENTS: By policy or Company: company; by aggregate: companies, legislature, public
- E. NAME: Trend Reports
PERIODICITY: Quarterly
RECIPIENTS: Companies
- F. NAME: Benefit Ratio
PERIODICITY: Annually
RECIPIENTS: Companies
- G. NAME: Form Loss Ratio Report
PERIODICITY: Upon rate filing or on request by the KID.
RECIPIENTS: Companies
- H. NAME: Quality Report
PERIODICITY: Annually
RECIPIENTS: Companies

VII. REQUESTS FOR SPECIAL REPORTS OR DATA

If the desired information is not available in the standard reports special reports may be requested. Also, data may be made available to persons or agencies wanting to use portions of the KHIIS data to augment studies.

- A. All data requests for KHIIS data must be submitted on the Public Use Data Request Form or the Restricted Data Request Form obtained from KDHE (see Appendix E).
- B. If requested data cannot be obtained through standard reports, a Restricted Data Request Form must be used. Data requests must be approved by KID.
- C. The data request must state the name of the requestor, the business name and address, and kind of business.
- D. The data request must detail which data elements or reports are needed.
- E. All data requests must be accompanied by a statement specifying the purpose for which the data are needed.
- F. All reports, tapes, diskettes, etc. using information from KHIIS must be approved by KID.
- G. Before data is released, the customer must sign a form accepting responsibility for its use. A standard form will be made available to the customer by KID. Whether the data will be released for public or restricted use is at the discretion of KID.
- H. The fee schedule will be provided and must be adhered to by all persons requesting data from KHIIS. The fee schedule will be set annually by KDHE.
- I. Records of data requests will be maintained. The records will note who data users are and the frequency of their requests.

Glossary

General Terms

CHES: Center for Health and Environmental Statistics

Insurers: Accident and Health carriers providing coverage for Kansas residents as defined in K.S.A. 40-202c

KDHE: Kansas Department of Health and Environment

KID: Kansas Insurance Department

OHCI: Office of Health Care Information within KDHE

Variable Definitions

Common Variables

Group Number: A number, which may include both alpha and numeric characters, that identifies a group of individuals belonging to a health plan (MBRSHP1 – GRPNO, V. 2; CLMREC1 – GRPNO, V. 7; CLMREC2 – GRPNO, V. 7).

Individual Relationship Code: This designates the relationship of the person for whom the claim is filed to the primary insured individual. See file layouts in Appendix B for valid codes (MBRSHP1 – MBRSTS, V. 7; CLMREC1 – MBRSTS, V. 14).

Membership ID: This is a unique identifier assigned to each insured individual. The content of this field should also permit grouping individuals into families that are covered under a given policy (Please see Instructions for Preparing Data.) (MBRSHP1 – MBRID, V. 3; CLMREC1 – MBRID, V. 1; CLMREC2 – MBRID, V. 1).

NAIC Number: The insurer as identified by the company's NAIC Number. Also may be referred to simply as payer (MBRSHP1 – NAICNO, V. 1; CLMREC1 – NAICNO, V. 6; CLMREC2 – NAICNO, V. 6).

Patient Date of Birth: The date of birth of the patient submitted in the format CCYYMMDD, where CC = century, YY = two-digit year, MM = numeric month, and DD = two-digit day of the month (MBRSHP1 – PATDOB, V. 5; CLMREC1 – PATDOB, V. 4; CLMREC2 – PATDOB, V. 4).

Patient Gender Code: The gender of the patient coded as M = Male, F = Female, or U = Unknown (MBRSHP1 – PATSEX, V. 6; CLMREC1 – PATSEX, V. 5; CLMREC2 – PATSEX, V. 5).

Patient ID Number: This is the last four digits of the individual's Social Security Number. If this is not available, the field should be left blank (MBRSHP1 – PATNO, V. 4; CLMREC1 – PATNO, V. 3; CLMREC2 – PATNO, V. 3).

Membership File Variables

Benefit Payment per Day: The maximum benefit the insurer will pay on behalf of the beneficiary per day for a hospital stay (BNPYPD, V. 81).

Dental Coverage Indicator: If a member has dental care coverage included in the monthly premium for the medical/health insurance plan this indicator should equal “Y” for Yes. If dental care coverage is through an ancillary dental plan, with a separate premium, this field should equal “Y” for Yes and the dental plan detailed in the record with the plan type, product type, monthly premium, and plan provisions. If dental coverage is not included in the health/medical plan the value for this field should be “N” for No (DNTIND, V. 12).

Drug Coverage Indicator: If a member has prescription medication coverage included in the monthly premium for the medical/health insurance plan this indicator should equal “Y” for Yes. If prescription coverage is through an ancillary drug plan, with a separate premium, this field should equal “Y” for Yes and the drug plan detailed in the record with the plan type, product type, monthly premium, and plan provisions. If drug coverage is not included in the health/medical plan the value for this field should be “N” for No (DRGIND, V. 11).

Eligible Months in Reporting Period: This is the number of months, within the reporting period that an individual is eligible for insurance benefits for the corresponding plan. This will be calculated by KDHE. The field should be filled with blanks (ELGMOS, V. 15).

Eligibility Period Ending Date: This is either the Period Ending Date, as found in the header file, or the last date an individual was covered by the insurance plan, whichever is the first or earliest date. This may vary among plans in the event an individual drops coverage at some point during the reporting period (RPEDTE, V. 14).

Eligibility Period Starting Date: This is the initial date the individual was covered by the plan (RPSDTE, V. 13).

Monthly Premium: The premium attributed to providing all coverage(s) for an individual and dependents (spouse and/or other dependents) (MONPRM, V. 16).

Product Description: is used to identify company specific plans that cannot be fully differentiated through use of the Plan Type and Product Type variables (PRDDES, V. 10).

Special Coverage Codes: are defined by the insurer to define coverage plans in lieu of delineating specific items under the plan provisions. These must be defined in the data dictionary and a reference table (database or spreadsheet) provided (SPECCD, V. 82).

Plan Provisions: Based on the plan type, product type, and monthly premium, insurance policies may incorporate a combination of the following criteria in defining the individuals or families responsibility in paying for health care services used. These provisions may vary depending on the type of service.

Dental Services

Dental Individual Deductible: The total out of pocket dental expense an individual is responsible for within a plan year before the insurer pays the full cost of dental services excluding co-payments and co-insurance when applicable (DNIDE - V. 56, DNIDEA – V. 61, DNIDEB – V. 66, DNIDEC V. 71, DNIDED – V. 76).

Dental Family Deductible: The total out of pocket dental expense that a family would incur within a plan year before the insurer pays the full cost of dental services excluding co-payments and co-insurance when applicable (DNFDE - V. 57, DNFDEA – V. 62, DNFDEB – V. 67, DNFDEC – V. 72, DNFDED – V. 77).

Dental Individual Co-insurance: The maximum amount of co-insurance, for dental services, an individual is responsible for within a plan year (DNICO - V. 58, DNICOA – V. 63, DNICOB – V. 68, DNICOC – V. 73, DNICOD – V. 78).

Dental Family Co-insurance: The maximum amount of co-insurance, for dental services, a family is responsible for within a plan year (DNFCO - V. 59, DNFCOA – V. 64, DNFCOB – V. 69, DNFCOC – V. 74, DNFCOD – V. 79).

Dental Co-insurance Percent: The proportion of the cost of dental services that is the member's responsibility to pay. This is commonly reported as a percentage. For the KHIIS database, report the proportion or fractional amount rather than a percentage. For example, a 20% co-insurance is to be submitted as 020 (DNCOP – V. 60, DNCOPA – V. 65, DNCOPB – V. 70, DNCOPC – V. 75, DNCOPD – V. 80).

Note: Provisions have been made to accommodate a variety of dental plans. Basic dental coverage plan provisions should be recorded in variables 56 through 60. If multiple dental plans are available with provisions differing from the basic coverage these should be recorded in variables 61 through 80 for plans A through D. The majority of companies providing dental coverage in Kansas will not use dental Plans A through D. For companies not submitting data in these fields we ask that you create dummy fields and fill them with zeros sufficient to match the file layout specifications.

Medical/Health

Maximum Individual Deductible: The total out of pocket expense that an individual is responsible for within a plan year before the insurer pays the full cost of services excluding co-payments and co-insurance when applicable (MXIDEF - V. 17, MXIDEP – V. 23, MXIDEO – V. 29, MXIDEC – V. 35).

Maximum Family Deductible: The total out of pocket expense that a family would incur within a plan year before the insurer pays the full cost of services excluding co-payments and co-insurance when applicable (MXFDEF - V. 18, MXFDEP – V. 24, MXFDEO – V. 30, MXFDEC – V. 36).

Co-pay: The pre-set, fixed-dollar amount that the individual is responsible for with each episode of care (COPAYF - V. 19, COPAYP – V. 25, COPAYO – V. 31, COPAYC – V. 37).

Co-insurance: The proportion of the cost of health care services that is the member's responsibility to pay. This is commonly reported as a percentage. For the KHIIS database, report the proportion or fractional amount rather than a percentage. For example, for a 20% co-insurance submit 020 (COINSF - V. 20, COINSP – V. 26, COINSO – V. 32, COINSC – V. 38).

Maximum Individual Co-insurance: The maximum amount of co-insurance an individual is responsible for within a plan year (MXICOF - V. 21, MXICOP – V. 27, MXICOO – V. 33, MXICOC – V. 39).

Maximum Family Co-insurance: The maximum amount of co-insurance a family is responsible for within a plan year (MXFCOF - V. 22, MXFCOP – V. 28, MXFCOO – V. 34, MXFCOC – V. 40).

Note: Medical/Health coverage provisions is divided to capture coverages applicable only to facilities (variables 17 through 22), professional services (variables 23 through 28), other services (variables 29 through 34), and all services combined (variables 35 through 40). Facility coverages apply to services or goods provided by a facility and its staff such as a hospital, ambulatory surgery center, freestanding diagnostic center or other facility based charges. Professional Services are those provided by a health care professional, for example physicians, counselors and therapists and billed for separately. Other Services includes services other than those provided by a health care professional or facility based charges. Combined represents the average of the respective provision for all medical/health care or, if the plan does not differentiate the provisions according to facility professional or other services, the unified plan provisions.

Prescription Drug

Drug Tier Code: The number of tiers (or levels) of co-payment and/or coinsurance. That is, co-payment/coinsurance combinations may depend upon whether a drug is generic formulary, generic non-formulary, brand name formulary, or brand name non-formulary. The number of different co-pay/coinsurance combinations is the drug tier code (DGTCD – V. 41).

Drug Co-pay Amount – Generic, Formulary: The pre-set, fixed-dollar, amount for which the individual is responsible for each prescription of a generic drug contained in the formulary (DGCOPGF – V. 42).

Drug Co-pay Amount – Generic, Non-Formulary: The pre-set, fixed-dollar, amount for which the individual is responsible for each prescription of a generic drug not contained in the formulary (DGCOPGN – V. 43).

Drug Co-pay Amount - Brand Name, Formulary: The pre-set, fixed-dollar, amount for which the individual is responsible for each prescription of a brand name drug contained in the formulary (DGCOPBF - V. 44).

Drug Co-pay Amount - Brand Name, Non-Formulary: The pre-set, fixed-dollar, amount for which the individual is responsible for each prescription of a brand name drug not contained in the formulary (DGCOPBN - V. 45).

Drug Co-pay Amount - Other: The pre-set, fixed-dollar, amount for which the individual is responsible for each prescription of a drug not in other drug copay categories (DGCPO - V. 46).

Drug Coinsurance Percent – Generic, Formulary: The percent of the cost of the prescription for which the individual is responsible, for a generic drug contained in the formulary (DGCOIGF – V. 47).

Drug Coinsurance Percent – Generic, Non-Formulary: The percent of the cost of the prescription for which the individual is responsible, for a generic drug not contained in the formulary (DGCOIGN – V. 48).

Drug Coinsurance Percent – Brand Name, Formulary: The percent of the cost of the prescription for which the individual is responsible, for a brand name drug contained in the formulary (DGCOIBF – V. 49).

Drug Coinsurance Percent – Brand Name, Non-Formulary: The percent of the cost of the prescription for which the individual is responsible, for a brand name drug not contained in the formulary (DGCOIBN – V. 50).

Drug Coinsurance Percent – Other: The percent of the cost of the prescription for which the individual is responsible, for a drug not in other drug coinsurance categories (DGCOIO – V. 51).

Drug Individual Deductible: The total out of pocket prescription drug expense an individual is responsible for within a plan year before the insurer pays the full cost of prescription drugs excluding co-payments and co-insurance when applicable (DGIDED - V. 52).

Drug Family Deductible: The total out of pocket prescription drug expense that a family would incur within a plan year before the insurer pays the full cost of prescription drugs excluding co-payments and co-insurance when applicable (DGFDDED - V. 53).

Drug Individual Co-insurance: The maximum amount of co-insurance, for prescription medications, an individual is responsible for within a plan's year (DGICOI - V. 54).

Drug Family Co-insurance: The maximum amount of co-insurance, for prescription medications, a family is responsible for within a plan's year (DGFCOI - V. 55).

Plan Types:

1. Indemnity Plan: Also known as fee for service plans, provide benefits in a predetermined amount for covered services. Health care providers are not employees of the company providing benefits nor have they contracted with the company to provide services for a predetermined cost to a set of individuals enrolled in the plan. With this type of health insurance the individual pays a proportion of costs (e.g. 20% of charges) after meeting a deductible for the year while the insurer pays the remainder of the cost. There may also be provisions for the maximum amount an individual pays annually. The company may also limit the yearly or lifetime benefits it will pay for an individual.

2. PPO (Preferred Provider Organization): A managed plan in which an insurer negotiates price discounts with health care providers to provide services to covered persons. These types of plans may make the individual responsible for coinsurance, co-payment, and deductibles. Services obtained from providers that have not contracted with the insurer are generally covered though the individual will generally be responsible for a larger portion of the cost through increased co-payments, coinsurance, and deductibles.

3. HMO (Health Maintenance Organization): An organization that provides a set of health services to a specified group of enrollees for a fixed periodic payment (i.e. monthly premium). HMOs are also referred to as “pre-paid” or “capitated” plans. There are two primary models of HMOs; the staff or group model and the individual practice association (IPA) model. In the group or staff model services are provided at centralized medical offices or clinics by providers employed by the HMO. Health care providers participating in an IPA contract with the HMO to provide services to enrollees within their offices.

4. POS (Point of Service): Offered by HMOs point of service plans are similar to indemnity plans. The HMO network providers usually refer patients to providers contracting with the HMO though they may refer to providers outside the network. If the provider refers a person outside the network the costs are generally covered; if the person self-refers outside the network the individual may be required to pay a co-insurance.

5. Supplemental Policy: Insurance policy purchased to augment primary medical or other coverage(s). These policies pay for costs not covered by the members’ primary insurance plan. The scope of coverage and scope of the population is to be defined in the data dictionary i.e., Medicare Supplemental policy identification.

6. Ancillary: An insurance product that covers health services not included in the medical care coverage plan for the individual and for which the monthly premium and coverage provisions are specified. When this plan type is used the corresponding Product Type should be identified as; 2=Ancillary Drug, 3=Ancillary Dental, 4=Ancillary Cancer, 5=Ancillary Hospital Confinement or 6=Other.

Product Type:

- 1. Medical/Health Coverage:** This type of product provides coverage for, but is not limited to, medical services according to the specifications of the plan.
- 2. Drug:** An additional policy for the sole purpose of covering drug expenses not covered under the Medical/Health Coverage.
- 3. Dental:** An additional policy for the sole purpose of covering dental expenses not covered under the Medical/Health Coverage.
- 4. Cancer:** An additional policy for the sole purpose of covering cancer treatment expenses not covered under the Medical/Health Coverage.
- 5. Hospitalization:** An additional policy for the sole purpose of covering hospitalization expenses not covered under the Medical/Health Coverage.
- 6. Other:** Insurance products which cover services that are not included in either Medical/Health, Drug, Dental, Cancer, or Hospitalization Coverage.

Claim Summary File Variables

Claim Line of Business: This is the line of business for the health care professional or institution providing services included in this claim (LOB - V. 34).

Coordination of Benefits: In the event of multiple coverages, the coverage provided by the company submitting this claim should indicate whether they are the primary insurer, secondary insurer or other source of insurance coverage (CBENF - V. 33).

Diagnosis Codes (Primary – Ninth): The ICD-9 diagnosis codes which apply to the claim (V. 18-26).

Diagnostic Related Group: A medical-based classification that groups patients into case types based on diagnosis (V. 32).

Discharge Status: This field applies only to inpatients, as identified in Claim Line of Business (Variable 35, LOB=1), and describes their discharge destination according to the codes provided in the KHIIS Technical Manual File Layout (DISCHG - V. 11).

First Date of Service: The first date outpatient services are received on a claim or within an encounter. The admission date is to be used for inpatients (FSTDS - V. 8).

Last Date of Service: The last date outpatient services are received on a claim or within an encounter. For inpatients, the discharge date is to be used. If an inpatient has not been discharged at the end of the reporting period this field should be filled with zeroes (LSTDS - V. 9).

Procedure Codes (First – Fifth): The ICD-9-CM procedure codes which apply to the claim (V. 27– 31).

Resident County: The two letter county code for the county in which the individual resides. This will be assigned by KDHE from the Resident Zip Code. Please leave this field blank (RESCOU - V. 13).

Resident Zip Code: A fifteen-digit field containing the five-digit zip code or nine-digit extended zip code (left justified, with no separator) in which the individual resides (RESZIP - V. 12).

Total Allowed: This field captures the eligible amount for the services associated with a given claim (ALLCHG - V. 16).

Total Charges: This amount is the total charge for the services associated with the claim (TOTCHG - V. 15).

Total Paid: This is the amount actually paid by the company for the services associated with this claim (PDCHG - V. 17).

Claim Detail File Variables

Attending/Prescribing Provider Classification: Is a companion to the Provider Type Code (PRVTYP – V. 8) to indicate the role of the provider in the care process. When Provider Type = 1 (Professional), valid responses include: 1=Attending Physician; 2=Prescribing Physician; and 3=Pharmacy (APPTYP - V. 29).

Brand Name Indicator: Used only for claim line items that are prescription medications to denote whether the product is either a name brand or a generic medication. This will be assigned by KDHE from a standard reference table. Please fill this field with blanks (BRNDNM - V. 21).

Capitation Indicator: Indicates, through a “Y” = Yes “N” = No response, whether this procedure is covered by a capitation agreement (CAPITN - V. 27).

Claim Action Type: Indicates whether action on the claim is a positive adjustment, negative adjustment, regular payment, or zero payment (CLMTYPE – V. 22).

Co-Insurance: This is the amount an individual is responsible for after meeting their deductible requirements as specified in their policy. This is often a percentage of the charges (total or allowed depending on the type of plan) (COINS – V. 31).

Co-Payment: This is a predetermined fee for which an individual is responsible for each of the services he uses. This is generally a flat fee per service rather than a percentage (COPAY – V. 32).

Date Paid: The date the claim was paid, the amount was applied to the deductible or other accounting process to close this line item (DTPAID - V. 26).

Deductible: The dollar amount incurred for a specific service applied to the deductibles according to the plan provisions (DEDUCT - V. 30).

Increment Line Item Number: This counts the individual items applicable to a claim (LINENO - V. 13).

Line Item Allowed: This field captures the eligible amount for the service in the insurance company contract (LNALL - V. 24).

Line Item Charge: The amount billed for the service (LNCHG - V. 23).

Line Item Paid: This is the amount actually paid by the company for the service (LNPAID - V. 25).

Place of Service: This is the type of place where services were provided, as defined in Appendix F: Code Table 3 (SERPLC - V. 17).

Provider Location: A fifteen-digit field containing the five-digit zip code or nine-digit extended zip code (left justified, with no separator) of the office, clinic or facility in which services are received (PRVLOC - V. 10).

Provider Number: For hospitals this is the Medicare number, other providers will have numbers assigned by the payer (PRVNUM - V. 9).

Provider Specialty: This is the primary specialty of the health care professional providing services for a specific claim item. Please refer to Appendix F: Code Tables 1A-1D for specialty coding (PRVSPC – V. 11).

Provider Type Code: Identifies a provider as either a health care professional or an institutional provider (PRVTYP - V. 8).

Revenue/Procedure Modifier: This is included to identify the type of Revenue/Procedure Code included in the claim detail record. Valid values for this field are: 1=CPT-4 Codes; 2=Revenue Codes; 3=HCPC Codes; 4=NDC Codes; and 5=CDT4 Dental Codes (REVMOD - V. 15).

Revenue/Procedure Code: The appropriate code for the service provided is placed in this field. The type of code is identified by the Modifier (see definition of Revenue/Procedure Modifier, above). Valid code types are: CPT-4 Codes, Revenue Codes, HCPC Codes, NDC Codes, and CDT4 Dental Codes (REVCDE - V. 14).

Service Date: This is the actual date the service, as indicated by the Revenue/Procedure Code, is provided (SERDTE - V. 16).

Taxonomy: If “Provider Type” is professional (PRVTYP = 1) then this field contains the code for the primary specialty of the health care professional providing services for the specific claim item (Appendix F: Table 2) (TAX - V. 12).

Therapeutic Class Code: Used only for claim line items that are prescription medications to identify the class, or type, of drug. This will be assigned by KDHE from a standard reference table. Please fill this field with blanks (THRCLS - V. 20).

Units of Service: This is a measure of the amount of service that is provided to a patient. Report hospital days for inpatients, the quantity of pills (or other unit) prescribed for medications, and the appropriate units for other services (SERUNT - V. 18).

Units of Service, Type: This is an indicator which identifies the Units of Service. Valid values are: 1=minutes; 2=hours; 3=days; 4=quantity (SERTYP - V. 19).

Header File

Filename: This is the name a company assigns to a transport data file being submitted for inclusion in the database.

Period Beginning Date: This is the earliest date for which paid claims are included in the file.

Period Ending Date: This is the last date for which paid claims are included in the file.

Trailer File

Payer Name: This is the name under which the insurer does business.

Payer Type: This designates the kind of insurance provided for claims within the associated files. Options are: B - Blue Cross, C – Commercial, H – HMO, S – Self-Insured, and O – Other.

APPENDIX A

Supporting Legislation

40-2251. Statistical plan for recording and reporting premiums and loss and expense experience by accident and health insurers; compilation and dissemination; secretary of health and environment to serve as statistical agent; assessments; penalties for failure to report. (a) The commissioner of insurance shall develop or approve statistical plans which shall be used by each insurer in the recording and reporting of its premium, accident and sickness insurance loss and expense experience, in order that the experience of all insurers may be made available at least annually in such form and detail as may be necessary to aid the commissioner and other interested parties in determining whether rates and rating systems utilized by insurance companies, mutual nonprofit hospital and medical service corporations, health maintenance organizations and other entities designated by the commissioner produce premiums and subscriber charges for accident and sickness insurance coverage on Kansas residents, employers and employees that are reasonable in relation to the benefits provided and to identify any accident and sickness insurance benefits or provisions that may be unduly influencing the cost. Such plans may also provide for the recording and reporting of expense experience items which are specifically applicable to the state. In promulgating such plans, the commissioner shall give due consideration to the rating systems, classification criteria and insurance and subscriber plans on file with the commissioner and, in order that such plans may be as uniform as is practicable among the several states, to the form of the plans and rating systems in other states.

(b) The secretary of health and environment, as administrator of the health care database, pursuant to K.S.A. 1998 Supp. 65-6804, and amendments thereto, shall serve as the statistical agent for the purpose of gathering, receiving and compiling the data required by the statistical plan or plans developed or approved under this section. The commissioner of insurance shall make an assessment upon the reporting insurance companies, health maintenance organizations, group self-funded pools, and other reporting entities sufficient to cover the anticipated expenses to be incurred by the secretary in gathering, receiving and compiling such data. Such assessment shall be in the form of an annual fee established by the secretary and charged to each reporting entity in proportion to such entity's respective shares of total health insurance premiums, subscriber charges and member fees received during the preceding calendar year. Such assessments shall be paid to the secretary and the secretary shall deposit the same in the state treasury and it shall be credited to the insurance statistical plan fund. Compilations of aggregate data gathered under the statistical plan or plans required by this act shall be made available to insurers, trade associations and other interested parties.

(c) The secretary, in writing, shall report to the commissioner of insurance any insurance company, health maintenance organization, group self-funded pool, nonprofit hospital and medical service corporation and any other reporting entity which fails to report the information required in the form, manner or time prescribed by the secretary. Upon receipt of such report, the commissioner of insurance shall impose an appropriate penalty in accordance with K.S.A. 40-2,125, and amendments thereto.

History: L.1990, ch. 170, § 1; L. 1994, ch. 238, § 13; L. 1995, ch. 260, § 1; July 1.

K.A.R. 40-1-45. Release of data from the insurance database. (a) Although the data collected by and furnished to the commissioner of insurance pursuant to K.S.A. 40-22-51, and amendments thereto, is not an open record pursuant to K.S.A. 1997 Supp. 45-221(16), and amendments thereto, compilations of this data may be released, subject to the following limitations.

(1) These reports shall include comparative information on averages of data collected. Compilations of data shall not contain patient-identifying information or trade secrets.

(2) The raw data shall be released by the commissioner of insurance only to each data provider that has submitted that particular data to the database and that requests to see and review its database pertaining to that data provider. These datasets shall not be made available to the public.

(3) External data used for normative values that are not within the public domain shall not be released.

(b) Any person, organization, governmental agency, or other entity may request the request the preparation of compilations of data collected by and furnished to the commissioner of insurance, in accordance with the following procedure and limitations.

(1) All requests for compilations of data shall be made in writing to the commissioner of insurance. The written request shall contain the name, address, and telephone number of the requester, and a description of the legitimate purpose of the requested compilation. A “legitimate purpose” is defined as a purpose consistent with the intent, policies, and purposes of K.S.A. 40-2251, and amendments thereto. Whether or not a legitimate purpose exists may be determined by the commissioner of insurance.

(2) Each request for a compilation of data shall be reviewed by the commissioner of insurance to determine whether to approve or deny the request. A request for compilation of data may be denied by the commissioner of insurance for reasons including any of the following.

- (A) The data is unavailable.
- (B) The request compilation.
- (C) The requested compilation of data would endanger patient confidentiality.
- (D) The commissioner lacks sufficient resources to fulfill the request.
- (E) The request would disclose a trade secret.
- (F) The requester has previously violated the rules for dissemination from the insurance database.

(G) The request is not a legitimate purpose.

(3) The requester may ask for compilations of data collected by and furnished to the commissioner of insurance in a specific manner or format not already used by the commissioner. This shall include any request for subsets of information already available from the commissioner in compiled form.

(4) The requester shall be notified by the commissioner of insurance in writing of its decision within 30 days. Each denial of a request shall included a brief explanation of the reason for the denial.

(5) Determination of a fee to be charged to the requesting person, organization, governmental agency, or other entity to cover the direct and indirect costs for producing compilations shall be mad by the commissioner of insurance or designee in consultation with commissioner. The fee shall include staff time, computer time, copying costs, and supplies.

For charging purposes, each compilation shall be considered an original. The fee may be waived at the commissioner’s discretion.

(c) No person, organization, governmental agency, or other entity receiving data from the commissioner shall redisclose or redistribute that information for commercial purposes. Any violation of this section shall result in denial of all further requests to the insurance database.

(d) Any publication using data from the insurance database shall include a written acknowledgement of the Kansas insurance department. A copy of any publication of data from the insurance database shall be sent to the commissioner of insurance before its publication. (Authorized by K.S.A. 1997 Supp. 40-2251 and K.S.A. 40-221; implementing K.S.A. 1997 Supp. 40-2251; effective Aug. 21, 1998).

Chapter 60.--PROCEDURE, CIVIL
Article 33.--ACTIONS RELATING TO COMMERCIAL ACTIVITY

60-3320. Definitions. As used in this act, unless the context requires otherwise:

(1) “Improper means” includes theft, bribery, misrepresentation, breach or inducement of a breach of a duty to maintain secrecy, or espionage through electronic or other means.

(2) “Misappropriation” means:

(i) acquisition of a trade secret of another by a person who knows or has reason to know that the trade secret was acquired by improper means; or

(ii) disclosure or use of a trade secret of another without express or implied consent by a person who

(A) used improper means to acquire knowledge of the trade secret; or

(B) at the time of disclosure or use, knew or had reason to know that his knowledge of the trade secret was

(I) derived from or through a person who had utilized improper means to acquire it;

(II) acquired under circumstances giving rise to a duty to maintain its secrecy or limit its use; or

(III) derived from or through a person who owed a duty to the person seeking relief to maintain its secrecy or limit its use; or

(C) before a material change of his position, knew or had reason to know that it was a trade secret and that knowledge of it had been acquired by accident or mistake.

(3) “Person” means a natural person, corporation, business trust, estate, trust, partnership, association, joint venture, government, governmental subdivision or agency, or any other legal or commercial entity.

(4) “Trade secret” means information, including a formula, pattern, compilation, program, device, method, technique, or process, that:

(i) derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use, and

(ii) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.

History: L. 1981, ch. 214, § 1; July 1.

Chapter 65.--PUBLIC HEALTH
Article 68.--HEALTH CARE DATA

65-6801. Health care database; legislative intent; use of information. (a) The legislature recognizes the urgent need to provide health care consumers, third-party payors, providers and health care planners with information regarding the trends in use and cost of health care services in this state for improved decision-making. This is to be accomplished by compiling a uniform set of data and establishing mechanisms through which the data will be disseminated.

(b) It is the intent of the legislature to require that the information necessary for a review and comparison of utilization patterns, cost, quality and quantity of health care services be supplied to the health care database by all providers of health care services and third-party payors to the extent required by K.S.A. 1999 Supp. 65-6805 and amendments thereto and this section and amendments thereto.

(c) The information is to be compiled and made available in a form prescribed by the governing board to improve the decision-making processes regarding access, identified needs, patterns of medical care, price and use of health care services.

History: L. 1993, ch. 174, § 1; L. 1994, ch. 90, § 2; July 1.

65-6803. Same; health care data governing board created; appointment of task force or task forces; meetings and duties of the board. (a) There is hereby created a health care data governing board.

(b) The board shall consist of nine members appointed as follows: One member shall be appointed by the Kansas medical society, one member shall be appointed by the Kansas hospital association, one member shall be appointed by the executive vice chancellor of the university of Kansas school of medicine, one member who is a licensed professional nurse appointed by the Kansas state nurses association, one member representing health care insurers or other commercial payors shall be appointed by the governor, one member representing adult care homes shall be appointed by the governor, one member representing the Kansas health institute, one member appointed by the state board of regents representing the health services research community and one member representing consumers of health care shall be appointed by the governor. The secretary of health and environment, or the designee of the secretary, shall be a nonvoting member who shall serve as chairperson of the board. The secretary of social and rehabilitation services and the insurance commissioner, or their designees, shall be nonvoting members of the board. Board members and task force members shall not be paid compensation, subsistence allowances, mileage or other expenses as otherwise may be authorized by law for attending meetings, or subcommittee meetings, of the board. The members appointed to the board shall serve for three-year terms, or until their successors are appointed and qualified.

(c) The chairperson of the health care data governing board may appoint a task force or task forces of interested citizens and providers of health care for the purpose of studying technical issues relating to the collection of health care data. At least one member of the health care data governing board shall be a member of any task force appointed under this subsection.

(d) The board shall meet at least quarterly and at such other times deemed necessary by the chairperson.

(e) The board shall develop policy regarding the collection of health care data and procedures for ensuring the confidentiality and security of these data.

History: L. 1993, ch. 174, § 3; L. 1997, ch. 75, § 1; Apr. 17.

65-6804. Same; duties of secretary of health and environment; contract for data collection; system of fees; rules and regulations; data confidential; penalties for violations.

(a) The secretary of health and environment shall administer the health care database. In administering the health care database, the secretary shall receive health care data from those entities identified in K.S.A. 1999 Supp. 65-6805 and amendments thereto and provide for the dissemination of such data as directed by the board.

(b) As directed by the board, the secretary of health and environment may contract with an organization experienced in health care data collection to collect the data from the health care facilities as described in subsection (h) of K.S.A. 65-425 and amendments thereto, build and maintain the database.

(c) The secretary of health and environment shall adopt rules and regulations approved by the board governing the acquisition, compilation and dissemination of all data collected pursuant to this act. The rules and regulations shall provide at a minimum that:

(1) Measures have been taken to provide system security for all data and information acquired under this act;

(2) data will be collected in the most efficient and cost-effective manner for both the department and providers of data;

(3) procedures will be developed to assure the confidentiality of patient records. Patient names, addresses and other personal identifiers will be omitted from the database;

(4) users may be charged for data preparation or information that is beyond the routine data disseminated and that the secretary shall establish by the adoption of such rules and regulations a system of fees for such data preparation or dissemination; and

(5) the secretary of health and environment will ensure that the health care database will be kept current, accurate and accessible as prescribed by rules and regulations.

(d) Data and other information collected pursuant to this act shall be confidential, shall be disseminated only for statistical purposes pursuant to rules and regulations adopted by the secretary of health and environment and approved by the board and shall not be disclosed or made public in any manner which would identify individuals. A violation of this subsection (d) is a class C misdemeanor.

(e) In addition to such criminal penalty under subsection (d), any individual whose identity is revealed in violation of subsection (d) may bring a civil action against the responsible person or persons for any damages to such individual caused by such violation.

History: L. 1993, ch. 174, § 4; L. 1994, ch. 90, § 3; L. 1995, ch. 260, § 9; July 1. 65-6805.

65-6805. Same; medical, health care and other entities to file health care data; exception. Each medical care facility as defined by subsection (h) of K.S.A. 65-425 and amendments thereto; health care provider as defined in K.S.A. 40-3401 and amendments thereto; providers of health care as defined in subsection (f) of K.S.A. 65-5001 and amendments thereto; health care personnel as defined in subsection (e) of K.S.A. 65-5001 and amendments thereto; home health agency as defined by subsection (b) of K.S.A. 65-5101 and amendments thereto; psychiatric hospitals licensed under K.S.A. 75-3307b and amendments thereto; state institutions for the mentally retarded; community mental retardation facilities as defined under K.S.A. 65-4412 and amendments thereto; community mental health center as defined under K.S.A. 65-4432 and amendments thereto; adult care homes as defined by K.S.A. 39-923 and amendments

thereto; laboratories described in K.S.A. 65-1,107 and amendments thereto; pharmacies; board of nursing; Kansas dental board; board of examiners in optometry; state board of pharmacy; state board of healing arts and third-party payors, including but not limited to, licensed insurers, medical and hospital service corporations, health maintenance organizations, fiscal intermediaries for government-funded programs and self-funded employee health plans, shall file health care data with the secretary of health and environment as prescribed by the board. The provisions of this section shall not apply to any individual, facility or other entity under this section which uses spiritual means through prayer alone in accordance with the tenets and practices of a recognized church or religious denomination for the treatment or cure of disease.

History: L. 1993, ch. 174, § 5; L. 1994, ch. 90, § 4; July 1.

Appendix B

Standard File Layout

Header Record Layout

				DATA EXAMPLES		POSITION			FORMAT		
	ELEMENT	NAME	Valid Values	DISPLAY	SUBMITTED	LEN.	START	END	TYPE	JUST.	CONS.
1	NAIC Number	NAICNO	NAIC Number			6	1	6	C	L	LE
2	Filename					10	7	16	C	L	I
3	Period Beginning Date		CCYYMMDD	January 1, 2000	20000101	8	17	24	N	R	LE
4	Period Ending Date		CCYYMMDD	March 31, 2000	20000331	8	25	32	N	R	LE
5	Record Count		Blank on header			9	33	41	N	R	
						FORMAT LEN. (length): Length or total length of the variable START: Starting position of the field END: Terminal position of the field TYPE: N=Numeric: Missing Values = Null Value C=Character: Missing Values = Blank JUST (Justification): R=Right L=Left CONS (consistency): Consistency of the variable relative to internal or external references E=External I=Internal					

Membership Record #1 Filename: MBRSHPI

	ELEMENT	NAME	Valid Values	DATA EXAMPLES		POSITION			FORMAT		
				DISPLAY	SUBMITTED	LEN.	START	END	TYPE	JUST.	CONS.
1	NAIC Number	NAICNO	NAIC Number			6	1	6	C	L	1E
2	Group Number	GRPNO	Group Number			30	7	36	C	L	1
3	Membership ID	MBRID	Unique Member ID			32	37	68	C	L	1
4	Patient ID Number	PATNO	Last 4 digits of SSN			4	69	72	C	L	1
5	Patient Date of Birth	PATDOB	CCYYMMDD	December 31, 1999	19991231	8	73	80	N	R	1E
6	Patient Gender Code	PATSEX	M = Male F = Female U = Unknown			1	81	81	C	L	1E
7	Individual Relationship Code	MBRSTS	18 = Self 01 = Spouse 53 = Life Partner (Domestic Partner) 19 = Child 17 = Step Son / Step Daughter 09 = Adopted Child 24 = Dep. of a Minor Dep. 05 = Grandson / Granddaughter 07 = Nephew / Niece 08 = Cousin 10 = Foster Child 14 = Brother / Sister 15 = Ward 38 = Collateral Dependent			2	82	83	C	L	1E
8	Plan Type	PLNTYP	1 = Indemnity 2 = PPO 3 = HMO 4 = POS 5 = Supplemental 6 = Ancillary			1	84	84	C	L	1E
9	Product Type	PRDTYP	1 = Medical/ Health 2 = Ancillary Drug 3 = Ancillary Dental 4 = Ancillary Cancer 5 = Ancillary Hospital Confinement 6 = Other			1	85	85	C	L	1E
10	Product Description	PRDDDES	To Be Defined in Data Dictionary			1	86	86	C	L	1E
11	Drug Coverage Indicator	DRGIND	Y = Yes N = No			1	87	87	C	L	1E
12	Dental Coverage Indicator	DNTIND	Y = Yes N = No			1	88	88	C	L	1E
13	Eligibility Period Starting Date	RPSDTE	CCYYMMDD	January 1, 2000	20000101	8	89	96	N	R	1E
14	Eligibility Period Ending Date	RPEDTE	CCYYMMDD	March 31, 2000	20000331	8	97	104	N	R	1E
15	Eligible Months in Reporting Period	ELGMOS		Populated by KDHE	Leave blank	2	105	106	N	R	1E
16	Monthly Premium	MONPRM	Actual Dollar Amount	\$1,234.56	123456	11.2	107	117	N	R	1E
17	Max Individual Deductible (Fac)	MXIDEF	Actual Dollar Amount	\$12,345	12345	9.0	118	126	N	R	1E
18	Max Family Deductible (Fac)	MXFDEF	Actual Dollar Amount	\$12,345	12345	9.0	127	135	N	R	1E
19	Copay (Fac)	COPAYF	Actual Dollar Amount	\$1,234.567	1234567	9.0	136	144	N	R	1E
20	Coinsurance (Fac)	COINSF	Actual Percentage	12%	012	3.2	145	147	N	R	1E
21	Max Individual Coinsurance (Fac)	MXICOF	Actual Dollar Amount	\$12,345	12345	9.0	148	156	N	R	1E
22	Max Family Coinsurance (Fac)	MXFCOF	Actual Dollar Amount	\$12,345	12345	9.0	157	165	N	R	1E
23	Max Individual Deductible (Prof)	MXIDEP	Actual Dollar Amount	\$12,345	12345	9.0	166	174	N	R	1E
24	Max Family Deductible (Prof)	MXFDEP	Actual Dollar Amount	\$12,345	12345	9.0	175	183	N	R	1E
25	Copay (Prof)	COPAYP	Actual Dollar Amount	\$1,234.567	1234567	9.0	184	192	N	R	1E
26	Coinsurance (Prof)	COINSP	Actual Percentage	12%	012	3.2	193	195	N	R	1E
27	Max Individual Coinsurance (Prof)	MXICOP	Actual Dollar Amount	\$12,345	12345	9.0	196	204	N	R	1E
28	Max Family Coinsurance (Prof)	MXFCOP	Actual Dollar Amount	\$12,345	12345	9.0	205	213	N	R	1E
29	Max Individual Deductible (Other)	MXIDEO	Actual Dollar Amount	\$12,345	12345	9.0	214	222	N	R	1E
30	Max Family Deductible (Other)	MXFDEO	Actual Dollar Amount	\$12,345	12345	9.0	223	231	N	R	1E
31	Copay (Other)	COPAYO	Actual Dollar Amount	\$1,234.567	1234567	9.0	232	240	N	R	1E
32	Coinsurance (Other)	COINSO	Actual Percentage	12%	012	3.2	241	243	N	R	1E
33	Max Individual Coinsurance (Other)	MXICOO	Actual Dollar Amount	\$12,345	12345	9.0	244	252	N	R	1E
34	Max Family Coinsurance (Other)	MXFCOO	Actual Dollar Amount	\$12,345	12345	9.0	253	261	N	R	1E
35	Max Individual Deductible (Comb)	MXIDEC	Actual Dollar Amount	\$12,345	12345	9.0	262	270	N	R	1E
36	Max Family Deductible (Comb)	MXFDEC	Actual Dollar Amount	\$12,345	12345	9.0	271	279	N	R	1E
37	Copay (Comb)	COPAYC	Actual Dollar Amount	\$1,234.567	1234567	9.0	280	288	N	R	1E
38	Coinsurance (Comb)	COINSC	Actual Percentage	12%	012	3.2	289	291	N	R	1E
39	Max Individual Coinsurance (Comb)	MXICOC	Actual Dollar Amount	\$12,345	12345	9.0	292	300	N	R	1E
40	Max Family Coinsurance (Comb)	MXFCOC	Actual Dollar Amount	\$12,345	12345	9.0	301	309	N	R	1E
41	Drug Tier Code	DGTCD	Number of Tiers for Co-Pay/Co-Ins.			1	310	310	C	L	1E
42	Drug Copay Amount- Generic Formulary	DGCOPGF	Actual Dollar Amount	\$12,345	12345	9.0	311	319	N	R	1E
43	Drug Copay Amount - Generic Non-Formulary	DGCOPGN	Actual Dollar Amount	\$12,345	12345	9.0	320	328	N	R	1E
44	Drug Copay Amount- Brand Name Formulary	DGCOPBF	Actual Dollar Amount	\$12,345	12345	9.0	329	337	N	R	1E
45	Drug Copay Amount- Brand Name Non-Formulary	DGCOPBN	Actual Dollar Amount	\$12,345	12345	9.0	338	346	N	R	1E
46	Drug Copay Amount- Other	DGCOPO	Actual Dollar Amount	\$12,345	12345	9.0	347	355	N	R	1E
47	Drug Coinsurance Percent - Generic Formulary	DGCOIGF	Actual Percentage	12%	012	3.2	356	358	N	R	1E
48	Drug Coinsurance Percent - Generic Non-Formulary	DGCOIGN	Actual Percentage	12%	012	3.2	359	361	N	R	1E
49	Drug Coinsurance Percent - Brand Name Formulary	DGCOIBF	Actual Percentage	12%	012	3.2	362	364	N	R	1E
50	Drug Coinsurance Percent - Brand Name Non-Formulary	DGCOIBN	Actual Percentage	12%	012	3.2	365	367	N	R	1E
51	Drug Coinsurance Percent - Other	DGCOIO	Actual Percentage	12%	012	3.2	368	370	N	R	1E
52	Drug Individual Deductible	DGIDED	Actual Dollar Amount	\$12,345	12345	9.0	371	379	N	R	1E
53	Drug Family Deductible	DGFDED	Actual Dollar Amount	\$12,345	12345	9.0	380	388	N	R	1E
54	Drug Individual Coinsurance	DGICOI	Actual Dollar Amount	\$12,345	12345	9.0	389	397	N	R	1E
55	Drug Family Coinsurance	DGFCOI	Actual Dollar Amount	\$12,345	12345	9.0	398	406	N	R	1E

Membership Record #1 Filename: MBRSH1 --- continued

	ELEMENT	NAME	Valid Values	DATA EXAMPLES		POSITION			FORMAT		
				DISPLAY	SUBMITTED	LEN	START	END	TYPE	JUST.	CONS.
56	Dental Individual Deductible (Basic)	DNIDE	Actual Dollar Amount	\$12,345	12345	9,0	407	415	N	R	1,E
57	Dental Family Deductible (Basic)	DNFDE	Actual Dollar Amount	\$12,345	12345	9,0	416	424	N	R	1,E
58	Dental Individual Coinsurance (Basic)	DNICO	Actual Dollar Amount	\$12,345	12345	9,0	425	433	N	R	1,E
59	Dental Family Coinsurance (Basic)	DNFCO	Actual Dollar Amount	\$12,345	12345	9,0	434	442	N	R	1,E
60	Dental Coinsurance Percent (Basic)	DNCOP	Actual Percentage	12%	012	3,2	443	445	N	R	1,E
61	Dental Individual Deductible (BL A)	DNIDEA	Actual Dollar Amount	\$12,345	12345	9,0	446	454	N	R	1,E
62	Dental Family Deductible	DNFDEA	Actual Dollar Amount	\$12,345	12345	9,0	455	463	N	R	1,E
63	Dental Individual Coinsurance (BL A)	DNICOA	Actual Dollar Amount	\$12,345	12345	9,0	464	472	N	R	1,E
64	Dental Family Coinsurance (BL A)	DNFCOA	Actual Dollar Amount	\$12,345	12345	9,0	473	481	N	R	1,E
65	Dental Coinsurance Percent (BL A)	DNCOPA	Actual Percentage	12%	012	3,2	482	484	N	R	1,E
66	Dental Individual Deductible (BL B)	DNIDEB	Actual Dollar Amount	\$12,345	12345	9,0	485	493	N	R	1,E
67	Dental Family Deductible (BL B)	DNFDEB	Actual Dollar Amount	\$12,345	12345	9,0	494	502	N	R	1,E
68	Dental Individual Coinsurance (BL B)	DNICOB	Actual Dollar Amount	\$12,345	12345	9,0	503	511	N	R	1,E
69	Dental Family Coinsurance (BL B)	DNFCOB	Actual Dollar Amount	\$12,345	12345	9,0	512	520	N	R	1,E
70	Dental Coinsurance Percent (BL B)	DNCOPB	Actual Percentage	12%	012	3,2	521	523	N	R	1,E
71	Dental Individual Deductible (BL C)	DNIDEC	Actual Dollar Amount	\$12,345	12345	9,0	524	532	N	R	1,E
72	Dental Family Deductible (BL C)	DNFDEC	Actual Dollar Amount	\$12,345	12345	9,0	533	541	N	R	1,E
73	Dental Individual Coinsurance (BL C)	DNICOC	Actual Dollar Amount	\$12,345	12345	9,0	542	550	N	R	1,E
74	Dental Family Coinsurance (BL C)	DNFCOC	Actual Dollar Amount	\$12,345	12345	9,0	551	559	N	R	1,E
75	Dental Coinsurance- Percent (BL C)	DNCOPC	Actual Percentage	12%	012	3,2	560	562	N	R	1,E
76	Dental Individual Deductible (BL D)	DNIDED	Actual Dollar Amount	\$12,345	12345	9,0	563	571	N	R	1,E
77	Dental Family Deductible (BL D)	DNFDED	Actual Dollar Amount	\$12,345	12345	9,0	572	580	N	R	1,E
78	Dental Individual Coinsurance (BL D)	DNICOD	Actual Dollar Amount	\$12,345	12345	9,0	581	589	N	R	1,E
79	Dental Family Coinsurance (BL D)	DNFCOD	Actual Dollar Amount	\$12,345	12345	9,0	590	598	N	R	1,E
80	Dental Coinsurance- Percent (BL D)	DNCOPD	Actual Percentage	12%	012	3,2	599	601	N	R	1,E
81	Benefit Payment per Day	BNPYPD	Actual Dollar Amount	\$12,345	12345	9,0	602	610	N	R	1,E
82	Special Coverage Codes	SPECCD	To Be Defined in Data Dictionary	ABCD123	ABCD123	7	611	617	C	L	1

Patient Claim Record #1 Filename: CLMREC1 (Summary)

	ELEMENT	NAME	Valid Values	DATA EXAMPLES		POSITION			FORMAT		
				DISPLAY	SUBMITTED	LEN.	START	END	TYPE	JUST.	CONS.
1	Membership ID	MBRID	ID number of Member			32	1	32	C	L	I
2	Claim Number	CLMNO	Claim tracking number			20	33	52	C	L	I
3	Patient ID Number	PATNO	Last 4 digits of Patient Social Security Number			4	53	56	C	L	I
4	Patient Date of Birth	PATDOB	CCYYMMDD	December 31, 1999	19991231	8	57	64	N	R	1,E
5	Patient Gender Code	PATSEX	M = Male F = Female U = Unknown			1	65	65	C	L	1,E
6	NAIC Number	NAICNO	NAIC number			6	66	71	C	L	1,E
7	Group Number	GRPNO				30	72	101	C	L	I
8	First Date of Service	FSTDS	CCYYMMDD	January 1, 2000	20000101	8	102	109	N	R	1,E
9	Last date of service	LSTDS	CCYYMMDD	February 28, 2000	20000228	8	110	117	N	R	1,E
10	Date paid	PDDTE	CCYYMMDD	March 31, 2000	20000315	8	118	125	N	R	1,E
11	Discharge Status	DISCHG	01 = Home 02 = to general short term hospital 03 = to skilled nursing facility 04 = to nursing facility 05 = to another type of institution for inpatient or outpatient 06 = to home under care of organized home health service organization 07 = Left Against Medical Advice 08 = Discharged/ transferred to home under care of home IV provider 09 = Admitted as inpatient in this hospital 20 = Expired 30 = Not Discharged 40 = Expired at Home 50 = Hospice – home 51 = Hospice – medical facility 64 = Mass immunization center			2	126	127	C	L	1,E
12	Resident Zip code	RESZIP				15	128	142	C	L	1,E
13	Resident County	RESCOU		Populated by KDHE	Leave blank	2	143	144	C	L	1,E
14	Individual Relationship Code	MBRSTS	18 = Self 01 = Spouse 53 = Life Partner (Domestic Partner) 19 = Child 17 = Step Son / Step Daughter 09 = Adopted Child 24 = Dep. of a Minor Dep. 05 = Grandson / Granddaughter 07 = Nephew / Niece 08 = Cousin 10 = Foster Child 14 = Brother / Sister 15 = Ward 38 = Collateral Dependent			2	145	146	C	L	1,E
15	Total Charges	TOTCHG	Actual Dollar Amount	\$1,234,567.89	1234568789	11.2	147	157	N	R	1,E
16	Total Allowed	ALLCHG	Actual Dollar Amount	\$1,234,567.89	1234568789	11.2	158	168	N	R	1,E
17	Total Paid	PDCHG	Actual Dollar Amount	\$1,234,567.89	1234568789	11.2	169	179	N	R	1,E
18	Primary Diagnosis	DIAG1	ICD-9 Code	123.45	12345	6	180	185	C	L	1,E
19	Second Diagnosis	DIAG2	ICD-9 Code	123.45	12345	6	186	191	C	L	1,E
20	Third Diagnosis	DIAG3	ICD-9 Code	123.45	12345	6	192	197	C	L	1,E
21	Fourth Diagnosis	DIAG4	ICD-9 Code	123.45	12345	6	198	203	C	L	1,E
22	Fifth Diagnosis	DIAG5	ICD-9 Code	123.45	12345	6	204	209	C	L	1,E
23	Sixth Diagnosis	DIAG6	ICD-9 Code	123.45	12345	6	210	215	C	L	1,E
24	Seventh Diagnosis	DIAG7	ICD-9 Code	123.45	12345	6	216	221	C	L	1,E
25	Eighth Diagnosis	DIAG8	ICD-9 Code	123.45	12345	6	222	227	C	L	1,E
26	Ninth Diagnosis	DIAG9	ICD-9 Code	123.45	12345	6	228	233	C	L	1,E
27	First Procedure Code	PRCCDE1	ICD-9-CM Code	12.34	1234	6	234	239	C	L	1,E
28	Second Procedure Code	PRCCDE2	ICD-9-CM Code	12.34	1234	6	240	245	C	L	1,E
29	Third Procedure Code	PRCCDE3	ICD-9-CM Code	12.34	1234	6	246	251	C	L	1,E
30	Fourth Procedure Code	PRCCDE4	ICD-9-CM Code	12.34	1234	6	252	257	C	L	1,E
31	Fifth Procedure Code	PRCCDE5	ICD-9- CM Code	12.34	1234	6	258	263	C	L	1,E
32	Diagnostic Related Group	DRG	Diagnostic Related Group	123	123	3	264	266	C	L	1,E
33	Coordination of Benefits	CBENF	1 = Primary 2 = Secondary 3 = Other			1	267	267	C	L	1,E
34	Claim line of Business	LOB	1 = Hospital Inpatient 2 = Hospital Outpatient 3 = Professional D = Drug			1	268	268	C	L	1,E

Patient Claim Record #2 Filename: CLMREC2 (Detail)

	ELEMENT	NAME	Valid Values	DATA EXAMPLES		POSITION			FORMAT		
				DISPLAY	SUBMITTED	LEN	START	END	TYPE	JUST	CONS.
1	Membership ID	MBRID	ID Number of member			32	1	32	C	L	I
2	Claim Number	CLMNO	Claim tracking number			20	33	52	C	L	I
3	Patient ID	PATNO	Last 4 digits of Patient SSN			4	53	56	C	L	I
4	Patient Date of Birth	PATDOB	CCYYMMDD	December 31, 1999	19991231	8	57	64	N	R	IE
5	Patient Gender Code	PATSEX	M = Male F = Female U = Unknown			1	65	65	C	L	IE
6	NAIC Number	NAICNO	NAIC number			6	66	71	C	L	IE
7	Group Number	GRPNO				30	72	101	C	L	I
8	Provider Type Code	PRVTYP	1 = Professional 2 = Institutional			1	102	102	C	L	IE
9	Provider Number	PRVNUM	Hospital Medicare number others assigned by payers			12	103	114	C	L	IE
10	Provider Location	PRVLOC	Primary practice Zip code			15	115	129	C	L	IE
11	Provider Specialty (If PRVTYP=1)	PRVSPC	Appendix F: Code Tables 1A – 1D			3	130	132	C	L	IE
12	Taxonomy (If PRVTYP=1)	TAX	Appendix F: Code Table 2			10	133	142	C	L	IE
13	Increment/Line Item Number	LINENO	01-999			3	143	145	N	R	IE
14	Revenue/Procedure Code	REVCDE	CPT-4 Codes HCPC Codes NDC codes for Pharmacy Revenue Codes CDT4 Dental Codes			15	146	160	C	L	IE
15	Revenue/Procedure Modifier	REVMOD	1 = CPT - 4 Codes 2 = Revenue Codes 3 = HCPC Codes 4 = NDC Codes 5 = CDT4 Dental Codes			1	161	161	C	L	IE
16	Service Date	SERDTE	CCYYMMDD	January 2, 2000	20000102	8	162	169	N	R	IE
17	Place of Service	SERPLC	Appendix F: Code Table 3			2	170	171	C	L	IE
18	Units of Service	SERUNT	days for inpatients, service units for other claim types			7.2	172	178	N	R	IE
19'	Type of Unit of Service	SERTYP	1 = minutes 2 = hours 3 = days 4 = quantity			2	179	180	C	L	IE
20	Therapeutic Class Code	THRCLS	Assigned by KDHE	Leave blank	Leave blank	7	181	187	C	L	I
21	Brand Name Indicator	BRNDNM	B = Brand Name G = Generic	Leave blank	Leave blank	1	188	188	C	L	IE
22	Claim Action Type	CLMTYPE	PA = Positive Adjustment NA = Negative Adjustment RP = Regular Payment ZP = Zero Payment			2	189	190	C	L	IE
23	Line Item Charge	LNCHG	Actual Dollar Amount	\$132,456.78	13245678	11.2	191	201	N	R	IE
24	Line Item Allowed	LNALL	Actual Dollar Amount	\$132,456.78	13245678	11.2	202	212	N	R	IE
25	Line Item Paid	LNPAID	Actual Dollar Amount	\$132,456.78	13245678	11.2	213	223	N	R	IE
26	Date Paid	DTPAID	CCYYMMDD	March 15, 2000	20000315	8	224	231	N	R	IE
27	Capitation Indicator	CAPITN	Y = Yes N = No			1	232	232	C	L	IE
28	Attending/Prescribing Provider	APPROV	Provider ID Number			12	233	244	C	L	I
29	Attending/Prescribing Provider Classification	APPTYP	1 = Attending Physician 2 = Prescribing Physician 3 = Pharmacy			1	245	245	C	L	IE
30	Deductible	DEDUCT	Actual Dollar Amount	\$1,234,567.89	123456789	11.2	246	256	N	R	IE
31	Co-Insurance	COINS	Actual Dollar Amount	\$1,234,567.89	123456789	11.2	257	267	N	R	IE
32	Co-Payment	COPAY	Actual Dollar Amount	\$1,234,567.89	123456789	11.2	268	278	N	R	IE

Trailer File – Payer Name and Address Record Filename: Payer

				DATA EXAMPLES		POSITION			FORMAT		
	ELEMENT	NAME	Valid Values	DISPLAY	SUBMITTED	LEN.	START	END	TYPE	JUST.	CONS.
1	NAIC Number	NAICNO	NAIC Number			6	1	6	C	L	LE
2	Payer Name					60	7	66	C	L	I
3	Address Line 1					55	67	121	C	L	I
4	Address Line 2					55	122	176	C	L	I
5	City					30	177	206	C	L	I
6	State					2	207	208	C	L	I
7	Zip Code					15	209	223	C	L	I
8	Payer Type		B = Blue Cross C = Commercial H = HMO S = Self Insured O = Other			1	224	224	C	L	I

APPENDIX C
KHIIS Data Submission Form

Kansas Health Insurance Information System Data Submission Form

Insurance Carrier Name

NAIC Number(s)

Reporting Period: _____ to _____

Submission Date: _____

Contact Person(s):

Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Transmittal Type	Character Set	Media:
Please check one	Please check one	Please check one
<input type="checkbox"/> Original submission	<input type="checkbox"/> EBCDIC	<input type="checkbox"/> Reel Tape
<input type="checkbox"/> Re-submission	<input type="checkbox"/> ASCII	<input type="checkbox"/> 8MM Cartridge
If re-submission Work order number: _____ Original submission date: _____		<input type="checkbox"/> 1/2" Cartridge
		<input type="checkbox"/> 3 1/2" Diskette
		<input type="checkbox"/> CD-ROM

Volume Number	4	8	12	
1	5	9	13	
2	6	10	14	
3	7	11	15	
File	File Name	Number of Records	Record Length	Number of Bytes
Header				
Membership				
Claim Rec 1				
Claim Rec 2				
Trailer				

Appendix D
Data Assessment Checklist form

Appendix D

D-1

Kansas Health Insurance Information System Data Assessment Checklist Form

Appendix D

MEMBERSHIP RECORD #1 Filename: MBRSHPI (Member and/or Ancillary)									
	ELEMENT	VAR NAME	FORMAT	CODING (Mean or Median)		FREQ. (N)	PERCENT	STATUS	SIGN
1	NAIC Number	NAICNO	6C	length					
2	Group Number	GRPNO	30C	length					
3	Membership ID	MBRID	32C	length					
4	Patient ID Number	PATNO	4C	length					
5	Patient Date of Birth	PATDOB	8N	CCYYMMDD					
6	Patient Gender Code	PATSEX	1C	M = Male					
				F = Female					
				U = Unknown					
				0 = Missing or Mis-Coded					
7	Individual Relationship Code	MBRSTS	2C	18 = Self					
				01 = Spouse					
				53 = Life Partner (Domestic Partner)					
				19 = Child					
				17 = Step Son / Step Daughter					
				09 = Adopted Child					
				24 = Dep. of a Minor Dep.					
				05 = Grandson / Granddaughter					
				07 = Nephew / Niece					
				08 = Cousin					
				10 = Foster Child					
				14 = Brother / Sister					
				15 = Ward					
				38 = Collateral Dependent					
				00 = Missing or Miscoded					
8	Plan Type	PLNTYP	1C	1 = Indemnity					
				2 = PPO					
				3 = HMO					
				4 = POS					
				5 = Supplemental					
				6 = Ancillary					
				0 = Missing or Mis-Coded					
9	Product Type	PRDTYP	1C	1 = Medical/ Health					
				2 = Ancillary Drug					
				3 = Ancillary Dental					
				4 = Ancillary Cancer					
				5 = Ancillary Hospital Confinement					
				6 = Other					
				0 = Missing or Mis-Coded					
10	Product Description	PRDDES	1C	To be defined by company					
11	Drug Coverage Indicator	DRGIND	1C	Y = Yes					
				N = No					
				0 = Missing or Mis-Coded					
12	Dental Coverage Indicator	DNTIND	1C	Y = Yes					
				N = No					
				0 = Missing or Mis-Coded					
13	Eligibility Period Starting Date	RPSDTE	8N	CCYYMMDD					
14	Eligibility Period Ending Date	RPEDTE	8N	CCYYMMDD					
				mean	median/max	non-zero	% non-zero		
15	Eligible Months in Reporting Period	ELGMOS	2N						
16	Monthly Premium	MONPRM	11.2N						
17	Max Individual Deductible (Fac)	MXIDEF	9.0N						
18	Max Family Deductible (Fac)	MXFDEF	9.0N						

Kansas Health Insurance Information System Data Assessment Checklist Form

Appendix D

MEMBERSHIP RECORD #1 Filename: MBRSHPI (Member and/or Ancillary) --- continued									
	ELEMENT	VAR NAME	FORMAT	CODING (Mean or Median)		FREQ. (N)	PERCENT	STATUS	SIGN
				mean	median/max	non-zero	% non-zero		
19	Copay (Fac)	COPAYF	9.0N						
20	Coinsurance (Fac)	COINSF	3.2N						
21	Max Individual Coinsurance (Fac)	MXICOF	9.0N						
22	Max Family Coinsurance (Fac)	MXFCOF	9.0N						
23	Max Individual Deductible (Prof)	MXIDEP	9.0N						
24	Max Family Deductible (Prof)	MXFDEP	9.0N						
25	Copay (Prof)	COPAYP	9.0N						
26	Coinsurance (Prof)	COINSP	3.2N						
27	Max Individual Coinsurance (Prof)	MXICOP	9.0N						
28	Max Family Coinsurance (Prof)	MXFCOP	9.0N						
29	Max Individual Deductible (Other)	MXIDEO	9.0N						
30	Max Family Deductible (Other)	MXFDEO	9.0N						
31	Copay (Other)	COPAYO	9.0N						
32	Coinsurance (Other)	COINSO	3.2N						
33	Max Individual Coinsurance (Other)	MXICOO	9.0N						
34	Max Family Coinsurance (Other)	MXFCOO	9.0N						
35	Max Individual Deductible (Comb)	MXIDEC	9.0N						
36	Max Family Deductible (Comb)	MXFDEC	9.0N						
37	Copay (Comb)	COPAYC	9.0N						
38	Coinsurance (Comb)	COINSC	3.2N						
39	Max Individual Coinsurance (Comb)	MXICOC	9.0N						
40	Max Family Coinsurance (Comb)	MXFCOC	9.0N						
41	Drug Tier Code	DGTC	1C						
42	Drug Copay Amount- Generic Formulary	DGCOPGF	9.0N						
43	Drug Copay Amount- Generic Non-Formulary	DGCOPGN	9.0N						
44	Drug Copay Amount- Brand Name Formulary	DGCOPBF	9.0N						
45	Drug Copay Amount – Brand Name Non-Formulary	DGCOPBN	9.0N						
46	Drug Copay Amount – Other	DGCOPO	9.0N						
47	Drug Coinsurance Percent – Generic Formulary	DGCOIGF	3.2N						
48	Drug Coinsurance Percent – Generic Non-Formulary	DGCOIGN	3.2N						
49	Drug Coinsurance Percent – Brand Name Formulary	DGCOIBF	3.2N						
50	Drug Coins. Percent – Brand Name Non-Formulary	DGCOIBN	3.2N						
51	Drug Coins. Percent - Other	DGCOIO	3.2N						
52	Drug Individual Deductible	DGIDED	9.0N						
53	Drug Family Deductible	DGFDED	9.0N						
54	Drug Individual Coinsurance	DGICOI	9.0N						
55	Drug Family Coinsurance	DGFCOI	9.0N						
56	Dental Individual Deductible (Basic)	DNIDE	9.0N						
57	Dental Family Deductible (Basic)	DNFDE	9.0N						
58	Dental Individual Coinsurance (Basic)	DNICO	9.0N						
59	Dental Family Coinsurance (Basic)	DNFCO	9.0N						
60	Dental Coinsurance Percent (Basic)	DNCOP	3.2N						
61	Dental Individual Deductible (BL A)	DNIDEA	9.0N						
62	Dental Family Deductible	DNFDEA	9.0N						
63	Dental Individual Coinsurance (BL A)	DNICOA	9.0N						
64	Dental Family Coinsurance (BL A)	DNFCOA	9.0N						
65	Dental Coinsurance Percent (BL A)	DNCOPA	3.2N						
66	Dental Individual Deductible (BL B)	DNIDEB	9.0N						
67	Dental Family Deductible (BL B)	DNFDEB	9.0N						
68	Dental Individual Coinsurance (BL B)	DNICOB	9.0N						
69	Dental Family Coinsurance (BL B)	DNFCOB	9.0N						
70	Dental Coinsurance Percent (BL B)	DNCOPB	3.2N						
71	Dental Individual Deductible (BL C)	DNIDEC	9.0N						
72	Dental Family Deductible (BL C)	DNFDEC	9.0N						
73	Dental Individual Coinsurance (BL C)	DNICOC	9.0N						
74	Dental Family Coinsurance (BL C)	DNFCOC	9.0N						
75	Dental Coinsurance- Percent (BL C)	DNCOPC	3.2N						
76	Dental Individual Deductible (BL D)	DNIDED	9.0N						
77	Dental Family Deductible (BL D)	DNFDED	9.0N						
78	Dental Individual Coinsurance (BL D)	DNICOD	9.0N						
79	Dental Individual Coinsurance (BL D)	DNFCOD	9.0N						
80	Dental Coinsurance- Percent (BL D)	DNCOPD	3.2N						
81	Benefit Payment per Day	BNPYPD	9.0N						
82	Special Coverage Codes	SPECCD	7C						

Kansas Health Insurance Information System Data Assessment Checklist Form

Appendix D

PATIENT CLAIM RECORD #1 Filename: CLMREC1 (Summary)								
	ELEMENT	VAR NAME	FORMAT	CODING	FREQ. (N)	PERCENT	STATUS	SIGN
1	Membership ID	MBRID	32C	length				
2	Claim Number	CLMNO	20C	length				
3	Patient ID Number	PATNO	4C	length				
4	Patient Date of Birth	PATDOB	8N	CCYYMMDD (non-missing)				
5	Patient Gender Code	PATSEX	1C	M = Male F = Female U = Unknown 0 = Missing or Miscoded				
6	NAIC Number	NAICNO	6C					
7	Group Number	GRPNO	30C	length				
8	First Date of Service	FSTD	8N	CCYYMMDD				
9	Last date of service	LSTD	8N	CCYYMMDD				
10	Date paid	PDDTE	8N	CCYYMMDD				
11	Discharge Status (Population for this variable includes patients identified as hospital inpatients as identified in Claim Line of Business (LOB), item 22 below.)	DISCHG	2C	01 = Home 02 = to general short term hospital 03 = to skilled nursing facility 04 = to nursing facility 05 = to another type of institution for 06 = to home under care of organized 07 = Left Against Medical Advice 08 = to home w/ home IV services 09 =admitted as inpatient to this 20 = Expired 30 = Not Discharged 40 = Expired at Home 50 = Hospice (home) 51 - Hospice (medical facility) 64 = Mass immunization center 0 = Missing or Invalid Coding				
12	Resident Zip Code	RESZIP	15C	valid Kansas zip code present Missing, Miscoded, Out of State				
13	Resident County	RESCOU	2C	imputed from zip code				
14	Individual Relationship Code	MBRSTS	2C	18 = Self 01 = Spouse 53 = Life Partner (Domestic Partner) 19 = Child 17 = Step Son / Step Daughter 09 = Adopted Child 24 = Dep. of a Minor Dep. 05 = Grandson / Granddaughter 07 = Nephew / Niece 08 = Cousin 10 = Foster Child 14 = Brother / Sister 15 = Ward 38 = Collateral Dependent 00 = Missing or Miscoded				

Kansas Health Insurance Information System Data Assessment Checklist Form

Appendix D

PATIENT CLAIM RECORD #1 Filename: CLMREC1 (Summary) --- continued									
	ELEMENT	VARNAME	FORMAT	CODING		FREQ. (N)	PERCENT	STATUS	SIGN
				Mean	Median	Non-Zero	% Non-Zero		
15	Total Charges	TOTCHG	11.2N						
16	Total Allowed	ALLCHG	11.2N						
17	Total Paid	PDCHG	11.2N						
18	Primary Diagnosis	DIACDE1	6C						
19	Second Diagnosis	DIACDE2	6C						
20	Third Diagnosis	DIACDE3	6C						
21	Fourth Diagnosis	DIACDE4	6C						
22	Fifth Diagnosis	DIACDE5	6C						
23	Sixth Diagnosis	DIACDE6	6C						
24	Seventh Diagnosis	DIACDE7	6C						
25	Eighth Diagnosis	DIACDE8	6C						
26	Ninth Diagnosis	DIACDE9	6C						
27	First Procedure Code	PRCCDE1	6C						
28	Second Procedure Code	PRCCDE2	6C						
29	Third Procedure Code	PRCCDE3	6C						
30	Fourth Procedure Code	PRCCDE4	6C						
31	Fifth Procedure Code	PRCCDE5	6C						
32	Diagnostic Related Group	DRG	3C						
33	Coordination of Benefits	CBENF	1C	1 = Primary					
				2 = Secondary					
				3 = Other					
				0 = Missing or Miscoded					
34	Claim line of Business	LOB	1C	1 = Hospital Inpatient					
				2 = Hospital Outpatient					
				3 = Professional					
				D = Drug					
				0 = Missing or Miscoded					

Kansas Health Insurance Information System Data Assessment Checklist Form

Appendix D

PATIENT CLAIM RECORD #2 Filename: CLMREC2 (Detail)									
	ELEMENT	VAR NAME	FORMAT	CODING		FREQ. (N)	PERCENT	STATUS	SIGN
1	Membership ID	MBRID	32C	length					
2	Claim Number	CLMNO	20C	length					
3	Patient ID	PATNO	4C	length					
4	Patient Date of Birth	PATDOB	8N	CCYYMMDD					
5	Patient Gender Code	PATSEX	1C	M = Male F = Female U = Unknown 0 = Missing or Miscoded					
6	NAIC Number	NAICNO	6C						
7	Group Number	GRPNO	30C						
8	Provider Type Code	PRVTYP	1C	1 = Professional 2 = Institutional 0 = Missing or Miscoded					
9	Provider Number	PRVNUM	12C	length					
10	Provider location	PRVLOC	5C						
11	Provider Specialty (If PRVTYP = 1)	PRVSPEC	3C	Appendix F: Code Tables 1A – 1D					
12	Taxonomy (If PRVTYP = 1)	TAX	10C	Appendix F: Code Table 2					
13	Diagnostic Related Group	DRG	3C						
14	Increment/Line Item Number	LINENO	3N	01-999					
15	Revenue/Procedure Code	REVCDE	15C	CPT, HCPC, NDC, & Revenue Code					
16	Revenue/Procedure Modifier	REVMOD	1C	1 = CPT - 4 Codes 2 = Revenue Codes 3 = HCPC Codes 4 = NDC Codes 5 = CDT4 Dental Codes 0 = Missing or Miscoded					
17	Service Date	SERDTE	8N	CCYYMMDD					
18	Place of Service (If PRVTYP = 2)	SERPLC	2C	Appendix F: Code Table 3					
19	Units of Service	SERUNT	5.2						
20	Type of Unit of Service	SERTYP	2C	1 = minutes 2 = hours 3 = days 4 = quantity 0 = Missing or Miscoded					
21	Therapeutic Class Code	THRCLS	7C	imputed from standard tables					
22	Brand Name Indicator (imputed from standard tables based on NDC Codes from Item 15)	BRNDNM	1C	B = Brand Name G = Generic					
23	Claim Action Type	CLMTYPE	2C	PA = Positive Adjustment NA = Negative Adjustment RP = Regular Payment ZP = Zero Payment 00 = Missing					
				mean	median	non-zero	% non-zero		
24	Line Item Charge	LNCHG	11.2N						
25	Line Item Allowed	LNALL	11.2N						
26	Line Item Paid	LNPAID	11.2N						
27	Date Paid	DTPAID	8N	CCYYMMDD					
28	Capitation Indicator	CAPITN	1C	Y = Yes N = No 0 = Missing or Miscoded					
29	Attending/Prescribing Provider	APPROV	12C	length					
30	Attending/Prescribing Provider Classification	APPTYP	1C	1 = Attending Physician 2 = Prescribing Physician 3 = Pharmacist 0 = Missing or Miscoded					
				mean	median	non-zero	% non-zero		
31	Deductible	DEDUCT	11.2N						
32	Co-Insurance	COINS	11.2N						
33	Co-Payment	COPAY	11.2N						

Appendix E

Data Request Forms

Kansas Insurance Department
Accident and Health Division
900 SW Jackson Street, Room 904N
Topeka, Kansas 66612-1220
Phone (785) 368-7394 ** Fax (785) 368-7118
Public-Use Data Request Form

Name: _____

Organization: _____ Kind of Business: _____

Address: _____

Phone number: (____) _____ Fax number: (____) _____

1. What type of data would you like to obtain? _____

2. What is the purpose of this data request? _____

3. Brief description of the level of detail of data requested. _____

4. Format needed:

_____ Hard copy (paper, mailed or _____ CD Rom _____ 3.5 inch disk _____ ZIP Disk _____ Labels
faxed if 5 pages or less)

5. How would you like data provided? By mail, fax, pick-up, Fedex-COD _____

(Please Specify)

I understand that the data provided by the Kansas Insurance Department through the Kansas Department of Health and Environment will not be used for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; or to sell, give or otherwise make available to any person any list of names or addresses for sale of property or service to any person listed or to any person who resides at any address listed, K.S.A. 45-220. Violation of this provision is a criminal misdemeanor, K.S.A. 21-3914. I understand that the data provided by the Center for Health and Environmental Statistics will not be released or provided to other data users in a manner that will identify individuals. I also understand that breach of the confidentiality agreement in KAR 28-67-4 will result in immediate termination of future data provisions and is a Class C misdemeanor punishable by law.

Signature	Title	Date
-----------	-------	------

Kansas Department of Health and Environment use only.

Request Apprv/Denied by KID _____
(Date) (Initials)

Tracking Number _____

Appealed to Commissioner _____
(Date)Date request received: _____
(Date) (Staff Initials)

B. Commissioner approval sought ___ Yes ___ No

Date request fulfilled: _____
(Date) (Staff Initials)Commissioner Approval _____
(Date) (Commissioner's Initials)

Fee charged: _____

Commissioner Denied _____
(Date) (Commissioner's Initials)**Check one:**

_____ Data provided as requested

_____ Modification of request

Explain _____

A. Request Apprv/Denied by KDHE _____
(Date) (Initials)

Kansas Insurance Department
Accident and Health Division
900 SW Jackson Street, Room 904N
Topeka, Kansas 66612-1220
Phone (785) 368-7394 ** Fax (785) 368-7118
Restricted-Use Data Request Form

Name: _____ Organization: _____

Address: _____ Kind of Business: _____

Phone number: (____) _____ Fax number: (____) _____

Please complete the following questions for restricted-use data (use additional sheets if necessary).

1. Brief description of the project or Study Proposed: _____

2. Purpose of the project or study: _____

3. Description of the data elements needed for the project or study: _____

4. Has this project or study protocol been approved by an internal review board? ☐ Yes ☐ No ☐ N/A

5. a. Description of the data security procedures you or your organization will follow complete with who has responsibility for security of the data: _____

b. Who has access to the data? _____

6. a. Description of the proposed use and/or release of the data: _____

b. If data are to be released, how? _____

Format needed:

☐ Hard copy (paper, mailed or faxed If 5 pages or less) ☐ CD Rom ☐ 3.5 inch disk ☐ ZIP Disk ☐ Labels

I understand that the data provided by the Kansas Insurance Department through the Kansas Department of Health and Environment will not be released or provided to other data users in a manner that will identify individuals. I also understand that breach of the confidentiality agreement in KAR 28-67-4 will result in immediate termination of future data provisions and is a Class C misdemeanor punishable by law. I understand that the data provided by the Center for Health and Environmental Statistics will not be released or provided to other data users in a manner that will identify individuals. I also understand that breach of the confidentiality agreement in KAR 28-67-4 will result in immediate termination of future data provisions and is a Class C misdemeanor punishable by law.

Requester	Date	Department Head	Date
-----------	------	-----------------	------

Kansas Department of Health and Environment use only.

Request Apprv/Denied by KID _____
(Date) (Initials)

Tracking Number _____

Appealed to Commissioner _____
(Date)

Date request received: _____
(Date) (Staff Initials)

B. Commissioner approval sought ☐ Yes ☐ No

Date request fulfilled: _____
(Date) (Staff Initials)

Commissioner Approval _____
(Date) (Commissioner's Initials)

Fee charged: _____

Commissioner Denied _____
(Date) (Commissioner's Initials)

Check one:

- ☐ Data Provided as Requested
☐ Modification of Request

Explain _____

A. Request Apprv/Denied by KDHE _____
(Date) (Initials)

Appendix F

Code Tables

CODE TABLE 1A
PHYSICIANS

	Principal Specialty	Sub-Specialties	Code
1	Aerospace Medicine	Aerospace medicine	AM
2	Allergy and Immunology	Allergy and Immunology Clinical and Laboratory Immunology	AI
3	Anesthesiology	Anesthesiology Critical Care Medicine Pain Management	AN
4	Colon and Rectal Surgery	Colon and Rectal Surgery	CRS
5	Dermatology	Dermatology	DE
6	Dermatology and Pathology	Dermatopathology	DMP
7	Emergency Medicine	Emergency Medicine	EM
8	Experimental Program	Experimental Program	EX
9	Family Practice	Family Practice General Practice Geriatric Medicine	FP
10	General Surgery	Abdominal Surgery Critical Care Hand Surgery Pediatric Surgery Surgery - General Vascular Surgery	GS
11	Internal Medicine	Cardiovascular Disease Critical Care Medicine Endocrinology, Diabetes, and Metabolism Gastroenterology Geriatric Medicine Hematology Hematology and Oncology Infectious Disease Internal Medicine Nephrology Oncology Pulmonary Disease Rheumatology	IM
12	Neurological Surgery	Neurological Surgery Pediatric Neurological Surgery	NS
13	Neurology	Child Neurology Neurology	NE
14	Nuclear Medicine	Nuclear Medicine	NM
15	Obstetrics and Gynecology	Obstetrics and Gynecology	OBG
16	Ophthalmology	Eye Surgery Ophthalmology	OPH
17	Orthopedic Surgery	Adult Reconstructive Orthopedics Hand Surgery (Limited to	OS

	Principal Specialty	Sub-Specialties	Code
		Orthopedics) Musculoskeletal Oncology Orthopedic Sports Medicine Orthopedic Surgery Orthopedic Surgery of the Spine Orthopedic Trauma Pediatric Orthopedics Spine Surgery Sports Medicine	
18	Otolaryngology	Ophthalmology Otology Laryngology Otolaryngology Rhinology	OT
19	Pathology	Anatomic and Clinical Pathology Blood Banking/Transfusion Medicine Chemical Pathology Cytopathology Dermatopathology Forensic Pathology Hematology Immunopathology Medical Microbiology Neuropathology Pathology Pathology-Selective	PA
20	Pediatrics	Critical Care Medicine Neonatal-Perinatal medicine Pediatrics Pediatric Cardiology Pediatric Critical Care Medicine Pediatric Endocrinology Pediatric Gastroenterology Pediatric Hematology-Oncology Pediatric Nephrology Pediatric Pulmonology	PD
21	Physical Medicine and Rehabilitation	Physical Medicine and Rehabilitation	PM
22	Plastic Surgery	Hand Surgery (Limited to plastic surgery) Plastic Surgery	PS
23	Preventive Medicine	Preventive Medicine	GPM
24	Psychiatry	Child and Adolescent Psychiatry Geriatric Psychiatry Psychiatry	PY

	Principal Specialty	Sub-Specialties	Code
25	Radiation Oncology	Radiation Oncology	RO
26	Radiology-Diagnostic	Neuroradiology Nuclear Radiology Pediatric Radiology Radiology-Diagnostic Vascular and Interventional Radiology	DR
27	Thoracic Surgery	Thoracic Surgery	TS
28	Urology	Pediatric Urology Urology	UR
29	Medical Doctor	Specialty Unspecified	MD

CODE TABLE 1B
OSTEOPATHS

	Principal Specialty	Sub-specialties	Code
1	Osteopathic Physician	Manipulative Therapy	OMT
2	Osteopathic Physician	Obstetrics	OOB
3	Osteopathic Physician	Pathology	OPA
4	Osteopathic Physician	Neurology Psychiatry	ONP
5	Osteopathic Physician	Radiology Roentgenology	ORR
6	Osteopathic Physician	Specialty Unspecified	DO

CODE TABLE 1C
OTHER MEDICAL PERSONNEL

	Principal Specialty	Sub-specialties	Code
1	Acupuncturist	Acupuncturist	ACU
2	Advanced Registered Nurse Practitioner	Clinical Nurse Specialist	CNS
3	Advanced Registered Nurse Practitioner	Nurse Midwife	PNM
4	Advanced Registered Nurse Practitioner	Nurse Clinical/Nurse Practitioner	NCP
5	Audiology	Audiology	PAU
6	Cardiac Rehabilitation	Cardiac Rehabilitation	CRP
7	Certified Registered Nurse Anesthetist	Certified Registered Nurse Anesthetist	CNA
8	Chiropractor	Chiropractor	CHI
9	Dentistry	Endodontics General Dentistry Orthodontics Oral Surgery Pediatric Dentistry Periodontics	DEN
10	Dietician	Dietician	DT
11	Emergency Services	Emergency Medical Technician Mobile Intensive Care Technician Emergency Medical Technician-Intermediate Emergency Medical Technician-Defibrillator First Responder	EMS
12	Licensed Clinical Social Worker	Licensed Clinical Social Worker	CSW
13	Licensed Practical Nurse	Licensed Practical Nurse	LPN
14	Medical Microbiology	Medical Microbiology	MM
15	Mental Health Technician	Mental Health Technician	MHT
16	Naturopathy/Naturopath	Naturopathy/Naturopath	NAU
17	Nephrology/Dialysis	Nephrology/Dialysis Providers	NDP
18	Non-Medical	Attorney Legal Medicine	NMP
19	Optometry	Optometry	OPT
20	Other	Multiple Providers Other Public Health	OTR
21	Physician Assistant	Physician Assistant	PAS
22	Podiatry Surgical Chiropody	Podiatry Surgical Chiropody	PSC
23	Psychology	Applied Behavioral Analysis Behavioral Clinical Clinical Neuropsychology	PSY

	Principal Specialty	Sub-specialties	Code
		Counseling Developmental Educational Experimental General Industrial Neuropsychology Organizational Religious School Social	
24	Registered Nurse	Registered Nurse	RN
25	Therapy	Occupational Therapy	OTH
26	Therapy	Physical Rehabilitation Therapy	PRT
27	Therapy	Speech Therapy	SPT
28	Therapy	Respiratory Therapy	RT

CODE TABLE 1D
MEDICAL SUPPLIES

	Principal Specialty	Sub-specialties	Code
1	Durable Medical Equipment	Durable Medical Equipment	DME
2	Hearing Aid Dispenser	Hearing Aid Dispenser	HAD
3	Optical Dispenser	Optical Dispenser	OD
4	Pharmacy	Pharmacy	PHA

CODE TABLE 2
Provider Taxonomy Codes

Behavioral Health & Social Service		
Counselor		101Y00000N
Counselor	Addiction (Substance Use Disorder)	101YA0400N
Counselor	Mental Health	101YM0800N
Counselor	Pastoral	101YP1600N
Counselor	Professional	101YP2500N
Counselor	School	101YS0200N
Marriage & Family Therapist		106H00000N
Neuropsychologist	Clinical	103GC0700N
Psychoanalyst		103S00000N
Psychoanalyst	Affiliate	103SA1800N
Psychoanalyst	Associate	103SA1400N
Psychologist		103T00000N
Psychologist	Addiction (Substance Use Disorder)	103TA0400N
Psychologist	Adult Development & Aging	103TA0700N
Psychologist	Behavioral	103TB0200N
Psychologist	Child, Youth & Family	103TC2200N
Psychologist	Clinical	103TC0700N
Psychologist	Counseling	103TC1900N
Psychologist	Educational	103TE1000N
Psychologist	Exercise & Sports	103TE1100N
Psychologist	Family	103TF0000N
Psychologist	Forensic	103TF0200N
Psychologist	Health	103TH0100N
Psychologist	Men & Masculinity	103TM1700N
Psychologist	Mental Retardation & Developmental Disabilities	103TM1800N
Psychologist	Psychotherapy	103TP2700N
Psychologist	Psychotherapy, Group	103TP2701N
Psychologist	Rehabilitation	103TR0400N
Psychologist	School	103TS0200N

Psychologist	Women	103TW0100N
Social Worker		104100000N
Social Worker	Clinical	1041C0700N
Social Worker	School	1041S0200N
Chiropractors		
Chiropractor		111N00000N
Chiropractor	Internist	111NI0900N
Chiropractor	Neurology	111NN0400N
Chiropractor	Nutrition	111NN1001N
Chiropractor	Occupational Medicine	111NX0100N
Chiropractor	Orthopedic	111NX0800N
Chiropractor	Radiology	111NR0200N
Chiropractor	Sports Physician	111NS0005N
Chiropractor	Thermography	111NT0100N
Dental Service Providers		
Dental Assistant		126800000N
Dental Hygienist		124Q00000N
Dental Laboratory Technician		126900000N
Dentist		122300000N
Dentist	Dental Public Health	1223D0001Y
Dentist	Endodontics	1223E0200Y
Dentist	Orthodontics	1223X0400Y
Dentist	Pathology, Oral & Maxillofacial	1223P0106Y
Dentist	Pediatrics Dentistry (Pedodontics)	1223P0221Y
Dentist	Periodontics	1223P0300Y
Dentist	Prosthodontics	1223P0700Y
Dentist	Surgery, Oral & Maxillofacial	1223S0112Y
Dietary & Nutritional Service Providers		
Dietary Manager	Dietary Management	1327D0700N
Dietetic Technician		136A00000N
Dietician, Registered		133V00000N
Dietician, Registered	Nutrition, Metabolic	133VN1006N
Dietician, Registered	Nutrition, Pediatric	133VN1004N
Dietician, Registered	Nutrition, Renal	133VN1005N
Nutritionist		133N00000N
Nutritionist	Nutrition. Education	133NN1002N

Emergency Medical Service Providers		
Emergency Medical Technician, Basic		146N00000N
Emergency Medical Technician, Intermediate		146M00000N
Emergency Medical Technician, Paramedic		146L00000N
Eye and Vision Service Providers		
Optometrist		152W00000N
Optometrist	Contact Lens	152WC0800N
Optometrist	Low Vision	152WL0500N
Optometrist	Occupational Vision	152WX0102N
Optometrist	Pediatrics	152WP0200N
Optometrist	Sports Vision	152WS0006N
Optometrist	Vision Therapy	152WV0400N
Technician/Technologist	Contact Lens	156FC0800N
Technician/Technologist	Contact Lens Fitter	156FC0801N
Technician/Technologist	Ocularist	156FX1700N
Technician/Technologist	Ophthalmic	156FX1100N
Technician/Technologist	Ophthalmic Medical Assistant	156FX1101N
Technician/Technologist	Optician	156FX1800N
Technician/Technologist	Optometric Assistant	156FX1201N
Technician/Technologist	Optometric Technician	156FX1202N
Technician/Technologist	Orthoptist	156FX1900N
Nursing Service Providers		
Licensed Practical Nurse		164W00000N
Licensed Vocational Nurse		164X00000N
Registered Nurse		163W00000N
Registered Nurse	Addiction (Substance Use Disorder)	163WA0400N
Registered Nurse	Administrator	163WA2000N
Registered Nurse	Cardiac Rehabilitation	163WC3500N
Registered Nurse	Case Management	163WC0400N
Registered Nurse	College Health	163WC1400N
Registered Nurse	Community Health	163WC1500N
Registered Nurse	Continence Care	163WC2100N

Registered Nurse	Continuing Education/Staff Development	163WC1600N
Registered Nurse	Critical Care Medicine	163WC0200N
Registered Nurse	Diabetes Educator	163WD0400N
Registered Nurse	Dialysis, Peritoneal	163WD1100N
Registered Nurse	Emergency	163WE0003N
Registered Nurse	Enterstomal Therapy	163WE0900N
Registered Nurse	Flight	163WF0300N
Registered Nurse	Gastroenterology	163WG0100N
Registered Nurse	General Practice	163WG0000N
Registered Nurse	Gerontology	163WG0600N
Registered Nurse	Hemodialysis	163WH0500N
Registered Nurse	Home Health	163WH0200N
Registered Nurse	Hospice	163WH1000N
Registered Nurse	Infection Control	163WI0600N
Registered Nurse	Infusion Therapy	163WI0500N
Registered Nurse	Lactation Consultant	163WL0100N
Registered Nurse	Massage Therapy	163WM1400N
Registered Nurse	Maternal Newborn	163WM0102N
Registered Nurse	Medical-Surgical	163WM0705N
Registered Nurse	Neonatal Intensive Care	163WN0002N
Registered Nurse	Neonatal, Low-Risk	163WN0003N
Registered Nurse	Nephrology	163WN0300N
Registered Nurse	Neuroscience	163WN0800N
Registered Nurse	Nutrition Support	163WN1003N
Registered Nurse	Obstetric, High-Risk	163WX0002N
Registered Nurse	Obstetric, Inpatient	163WX0003N
Registered Nurse	Occupational Health	163WX0106N
Registered Nurse	Oncology	163WX0200N
Registered Nurse	Operating Room	163WX1000N
Registered Nurse	Ophthalmic	163WX1100N
Registered Nurse	Orthopedic	163WX0800N
Registered Nurse	Ostomy Care	163WX1500N
Registered Nurse	Otorhinolaryngology & Head-Neck	163WX0601N
Registered Nurse	Pain Management	163WP0000N
Registered Nurse	Pediatric Oncology	163WP0218N
Registered Nurse	Pediatrics	163WP0200N
Registered Nurse	Perinatal	163WP1700N

Registered Nurse	Post-Anesthesia	163WP2200N
Registered Nurse	Post-Anesthesia, Ambulatory	163WP2201N
Registered Nurse	Psychiatric/Mental Health	163WP0808N
Registered Nurse	Psychiatric/Mental Health, Adult	163WP0809N
Registered Nurse	Psychiatric/Mental Health, Child & Adolescent	163WP0807N
Registered Nurse	Rehabilitation	163WR0400N
Registered Nurse	Reproductive Endocrinology/Infertility	163WR1000N
Registered Nurse	School	163WS0200N
Registered Nurse	Surgery, Plastic	163WS0121N
Registered Nurse	Urology	163WU0100N
Registered Nurse	Women's Health Care, Ambulatory	163WW0101N
Registered Nurse	Wound Care	163WW0000N
Nursing Service Related Providers		
Christian Science Practitioner/Nurse		374T00000N
Home Health Aide		374U00000N
Homemaker		376J00000N
Nurse's Aide		376K00000N
Nursing Home Administrator		376G00000N
Technician	Personal Care Attendant	3747P1801N
Other Service Providers		
Acupuncturist		171100000N
Contractor	Home Modifications	171WH0202N
Driver		172A00000N
Funeral Director		176P00000N
Homeopath		175L00000N
Legal Medicine		173000000N
Midwife, Lay (Non-nurse)		175M00000N
Naturopath		175F00000N
Specialist	Graphics Designer	1744G0900N
Specialist	Prosthetics Case Management	1744P3200N

Specialist	Research Data Abstracter/Coder	1744R1103N
Specialist	Research Study	1744R1102N
Veterinarian	Medical Research	174MM1900N
Pharmacy Service Providers		
Pharmacist		183500000N
Pharmacist	General Practice	1835G0000N
Pharmacist	Nuclear Pharmacy	1835N0905N
Pharmacist	Nutrition Support	1835N1003N
Pharmacist	Pharmacotherapy	1835P1200N
Pharmacist	Psychopharmacy	1835P1300N
Technician	Pharmacy	1847P3400N
Physician Assistants & Advanced Practice Nursing Providers		
Clinical Nurse Specialist		364S00000N
Clinical Nurse Specialist	Acute Care	364SA2100N
Clinical Nurse Specialist	Adult Health	364SA2200N
Clinical Nurse Specialist	Chronic Care	364SC2300N
Clinical Nurse Specialist	Community Health/Public Health	364SC1501N
Clinical Nurse Specialist	Critical Care Medicine	364SC0200N
Clinical Nurse Specialist	Emergency	364SE0003N
Clinical Nurse Specialist	Ethics	364SE1400N
Clinical Nurse Specialist	Family Health	364SF0001N
Clinical Nurse Specialist	Gerontology	364SG0600N
Clinical Nurse Specialist	Holistic	364SH1100N
Clinical Nurse Specialist	Home Health	364SH0200N
Clinical Nurse Specialist	Informatics	364SI0800N
Clinical Nurse Specialist	Long-Term Care	364SL0600N
Clinical Nurse Specialist	Medical-Surgical	364SM0705N
Clinical Nurse Specialist	Neonatal	364SN0000N
Clinical Nurse Specialist	Neonatal, High-Risk	364SN0004N
Clinical Nurse Specialist	Neuroscience	364SN0800N
Clinical Nurse Specialist	Occupational Health	364SX0106N
Clinical Nurse Specialist	Oncology	364SX0200N
Clinical Nurse Specialist	Oncology, Pediatrics	364SX0204N
Clinical Nurse Specialist	Pediatrics	364SP0200N
Clinical Nurse Specialist	Perinatal	364SP1700N
Clinical Nurse Specialist	Perinoperative	364SP2800N

Clinical Nurse Specialist	Psychiatric/Mental Health	364SP0808N
Clinical Nurse Specialist	Psychiatric/Mental Health, Adult	364SP0809N
Clinical Nurse Specialist	Psychiatric/Mental Health, Child & Adolescent	364SP0807N
Clinical Nurse Specialist	Psychiatric/Mental Health, Child & Family	364SP0810N
Clinical Nurse Specialist	Psychiatric/Mental Health, Chronically Ill	364SP0811N
Clinical Nurse Specialist	Psychiatric/Mental Health, Community	364SP0812N
Clinical Nurse Specialist	Psychiatric/Mental Health, Geropsychiatric	364SP0813N
Clinical Nurse Specialist	Rehabilitation	364SR0400N
Clinical Nurse Specialist	Rural Health	364SR1300N
Clinical Nurse Specialist	School	364SS0200N
Clinical Nurse Specialist	Transplantation	364ST0500N
Clinical Nurse Specialist	Women's Health	364SW0102N
Midwife, Certified		366B00000N
Nurse Anesthetist, Certified Registered		367500000N
Nurse Practitioner		363L00000N
Nurse Practitioner	Acute Care	363LA2100N
Nurse Practitioner	Adult Health	363LA2200N
Nurse Practitioner	Community Health	363LC1500N
Nurse Practitioner	Critical Care Medicine	363LC0200N
Nurse Practitioner	Family	363LF0000N
Nurse Practitioner	Gerontology	363LG0600N
Nurse Practitioner	Neonatal	363LN0000N
Nurse Practitioner	Neonatal: Critical Care	363LN0005N
Nurse Practitioner	Obstetrics & Gynecology	363LX0001N
Nurse Practitioner	Occupational Health	363LX0106N
Nurse Practitioner	Pediatrics	363LP0200N
Nurse Practitioner	Pediatrics: Acute Care	363LP0223N
Nurse Practitioner	Pediatrics: Critical Care	363LP0222N
Nurse Practitioner	Perinatal	363LP1700N
Nurse Practitioner	Primary Care	363LP2300N
Nurse Practitioner	Psychiatric/Mental Health	363LP0808N

Nurse Practitioner	School	363LS0200N
Nurse Practitioner	Women's Health	363LW0102N
Physician Assistant		363A00000N
Physician Assistant	Medical	363AM0700N
Physician Assistant	Surgical	363AS0400N
Physicians		
Physician/Osteopath		203B00000N
Physician/Osteopath	Addiction Medicine	203BA0401N
Physician/Osteopath	Adolescent Medicine	203BA0000Y
Physician/Osteopath	Adolescent Medicine: Family Practice	203BA0001N
Physician/Osteopath	Adolescent Medicine: Internal Medicine	203BA0002Y
Physician/Osteopath	Adolescent Medicine: Pediatrics	203BA0003Y
Physician/Osteopath	Adolescent Only, Under 16	203BA0501N
Physician/Osteopath	Adolescent Only, Under 21	203BA0502N
Physician/Osteopath	Aerospace Medicine	203BA0100Y
Physician/Osteopath	Aerospace Medicine: Preventive Medicine	203BA0101Y
Physician/Osteopath	Age Specific, Greater than 1 Year Old	203BA0503N
Physician/Osteopath	Age Specific, Newborns Only	203BA0504N
Physician/Osteopath	Allergy	203BA0200N
Physician/Osteopath	Allergy & Immunology	203BA0201Y
Physician/Osteopath	Allergy & Immunology: Internal Medicine	203BA0202N
Physician/Osteopath	Anesthesiology	203BA0300Y
Physician/Osteopath	Blood Banking	203BB0000N
Physician/Osteopath	Blood Banking & Transfusion Medicine	203BB0001Y
Physician/Osteopath	Body Imaging	203BB0100Y
Physician/Osteopath	Cardiac Electrophysiology	203BC0000Y
Physician/Osteopath	Cardiac Electrophysiology, Clinical	203BC0001Y
Physician/Osteopath	Cardiology	203BC0100Y
Physician/Osteopath	Cardiovascular Disease	203BC2500Y
Physician/Osteopath	Critical Care Medicine	203BC0200Y

Physician/Osteopath	Critical Care Medicine: Anesthesiology	203BC0201Y
Physician/Osteopath	Critical Care Medicine: Internal Medicine	203BC0202Y
Physician/Osteopath	Critical Care Medicine: OB/GYN	203BC0203Y
Physician/Osteopath	Cytogenetics, Clinical	203BC0300Y
Physician/Osteopath	Cytopathology	203BC0500Y
Physician/Osteopath	Dermatology	203BD0100Y
Physician/Osteopath	Dermatology Micrographic Surgery	203BD0101Y
Physician/Osteopath	Dermatopathology	203BD0900Y
Physician/Osteopath	Dermatopathology: Dermatology	203BD0901N
Physician/Osteopath	Diabetes	203BD0300N
Physician/Osteopath	Emergency Medicine	203BE0004Y
Physician/Osteopath	Endocrinology	203BE0100Y
Physician/Osteopath	Endocrinology, Diabetes & Metabolism	203BE0101Y
Physician/Osteopath	Endocrinology, Reproductive	203BE0102Y
Physician/Osteopath	Family Practice	203BF0100Y
Physician/Osteopath	Forensic Pathology	203BF0201Y
Physician/Osteopath	Forensic Psychiatry	203BF0202N
Physician/Osteopath	Gastroenterology	203BG0100Y
Physician/Osteopath	General Practice	203BG0000Y
Physician/Osteopath	Genetics, Clinical (M.D.)	203BG0201Y
Physician/Osteopath	Genetics, Clinical Biochemical	203BG0202Y
Physician/Osteopath	Genetics, Clinical Biochemical/ Molecular	203BG0204Y
Physician/Osteopath	Genetics, Clinical Molecular	203BG0203Y
Physician/Osteopath	Genetics, Medical	203BG0200Y
Physician/Osteopath	Geriatric Medicine	203BG0300N
Physician/Osteopath	Geriatric Medicine: Family Practice	203BG0301Y
Physician/Osteopath	Geriatric Medicine: General Practice	203BG0302Y
Physician/Osteopath	Geriatric Medicine: Internal Medicine	203BG0303Y

Physician/Osteopath	Gynecology	203BG0400N
Physician/Osteopath	Hematology	203BH0000Y
Physician/Osteopath	Hematology & Oncology	203BH0003Y
Physician/Osteopath	Hematology: Internal Medicine	203BH0001Y
Physician/Osteopath	Hematology: Pathology	203BH0002Y
Physician/Osteopath	Immunology, Clinical & Laboratory	203BI0001N
Physician/Osteopath	Immunology, Clinical & Laboratory Dermatological	203BI0002N
Physician/Osteopath	Immunology, Clinical & Laboratory: Allergy & Immunology	203BI0005N
Physician/Osteopath	Immunology, Clinical & Laboratory: Internal Medicine	203BI0006N
Physician/Osteopath	Immunology, Clinical & Laboratory: Pediatric	203BI0007N
Physician/Osteopath	Immunology, Dermatological	203BI0003Y
Physician/Osteopath	Immunology: Laboratory, Diagnostic	203BI0004Y
Physician/Osteopath	Immunopathology	203BI0100Y
Physician/Osteopath	Infectious Diseases	203BI0200Y
Physician/Osteopath	Infertility	203BI0400N
Physician/Osteopath	Internal Medicine	203BI0300Y
Physician/Osteopath	Laboratory Medicine	203BL0000Y
Physician/Osteopath	Maternal & Fetal Medicine	203BM0101Y
Physician/Osteopath	Medical Diseases of the Chest	203BM0200Y
Physician/Osteopath	Medical Microbiology	203BM0300Y
Physician/Osteopath	Neonatal-Perinatal Medicine	203BN0001Y
Physician/Osteopath	Neonatology	203BN0100Y
Physician/Osteopath	Neopathology	203BN0200N
Physician/Osteopath	Nephrology	203BN0300Y
Physician/Osteopath	Neurology	203BN0400Y
Physician/Osteopath	Neurology, Child	203BN0402Y
Physician/Osteopath	Neuropathology	203BN0500Y
Physician/Osteopath	Neurophysiology, Clinical	203BN0600Y

Physician/Osteopath	Neuroradiology	203BN0700Y
Physician/Osteopath	Nuclear Cardiology	203BN0901Y
Physician/Osteopath	Nuclear Imaging & Therapy	203BN0902Y
Physician/Osteopath	Nuclear Medicine	203BN0900Y
Physician/Osteopath	Nuclear Medicine, In Vivo & In Vitro	203BN0903Y
Physician/Osteopath	Nuclear Radiology	203BN0904Y
Physician/Osteopath	Obstetrics	203BX0000N
Physician/Osteopath	Obstetrics & Gynecology	203BX0001Y
Physician/Osteopath	Occupational Medicine	203BX0100Y
Physician/Osteopath	Occupational Medicine: Preventive Medicine	203BX0104Y
Physician/Osteopath	Occupational-Environmental Medicine: Preventive Medicine	203BX0105Y
Physician/Osteopath	Oncology	203BX0200Y
Physician/Osteopath	Oncology, Gynecologic	203BX0201Y
Physician/Osteopath	Oncology, Medical	203BX0202Y
Physician/Osteopath	Ophthalmology	203BX0300Y
Physician/Osteopath	Orthopedic	203BX0800N
Physician/Osteopath	Osteopathic Manipulative Medicine, Special Proficiency	203BX2100Y
Physician/Osteopath	Otolaryngology	203BX0500Y
Physician/Osteopath	Otology	203BX0900N
Physician/Osteopath	Otology & Neurotology	203BX0901N
Physician/Osteopath	Otorhinolaryngology	203BX0600Y
Physician/Osteopath	Otorhinolaryngology & Head-Neck	203BX0601N
Physician/Osteopath	Pain Management - Anesthesiology	203BP0001Y
Physician/Osteopath	Pain Medicine	203BP2900N
Physician/Osteopath	Pathology	203BP0100Y
Physician/Osteopath	Pathology, Anatomic	203BP0101Y
Physician/Osteopath	Pathology, Anatomic & Clinical	203BP0102Y
Physician/Osteopath	Pathology, Anatomic & Laboratory Medicine	203BP0103Y
Physician/Osteopath	Pathology, Chemical	203BP0104Y

Physician/Osteopath	Pathology, Clinical	203BP0105Y
Physician/Osteopath	Pathology, Radioisotopic	203BP0107N
Physician/Osteopath	Pediatric Allergy & Immunology	203BP0201Y
Physician/Osteopath	Pediatric Cardiology	203BP0202Y
Physician/Osteopath	Pediatric Critical Care Medicine	203BP0203Y
Physician/Osteopath	Pediatric Emergency Medicine	203BP0204Y
Physician/Osteopath	Pediatric Endocrinology	203BP0205Y
Physician/Osteopath	Pediatric Gastroenterology	203BP0206Y
Physician/Osteopath	Pediatric Hematology Oncology	203BP0207Y
Physician/Osteopath	Pediatric Infectious Diseases	203BP0208Y
Physician/Osteopath	Pediatric Intensive Care	203BP0209Y
Physician/Osteopath	Pediatric Medical Toxicology	203BP0220N
Physician/Osteopath	Pediatric Nephrology	203BP0210Y
Physician/Osteopath	Pediatric Neurology	203BP0211Y
Physician/Osteopath	Pediatric Otolaryngology	203BP0212Y
Physician/Osteopath	Pediatric Pathology	203BP0213Y
Physician/Osteopath	Pediatric Pulmonology	203BP0214Y
Physician/Osteopath	Pediatric Radiology	203BP0215N
Physician/Osteopath	Pediatric Rheumatology	203BP0216Y
Physician/Osteopath	Pediatrics	203BP0200Y
Physician/Osteopath	Pharmacology, Clinical	203BP2600N
Physician/Osteopath	Pharmacotherapy	203BP1200N
Physician/Osteopath	Physical Medicine & Rehabilitation	203BP0400Y
Physician/Osteopath	Preventive Medicine, General	203BP0500Y
Physician/Osteopath	Proctology	203BP0600Y
Physician/Osteopath	Psychiatry	203BP0800Y
Physician/Osteopath	Psychiatry & Neurology	203BP0801Y
Physician/Osteopath	Psychiatry, Addiction	203BP0802Y
Physician/Osteopath	Psychiatry, Child	203BP0803Y
Physician/Osteopath	Psychiatry, Child & Adolescent	203BP0804Y
Physician/Osteopath	Psychiatry, Geriatric	203BP0805Y

Physician/Osteopath	Psychiatry, Pediatric	203BP0806N
Physician/Osteopath	Psychopharmacy	203BP1300N
Physician/Osteopath	Public Health & General Preventive Medicine	203BP0901N
Physician/Osteopath	Public Health: Preventive Medicine	203BP0903Y
Physician/Osteopath	Pulmonary Diseases	203BP1001Y
Physician/Osteopath	Pulmonary Medicine	203BP1003Y
Physician/Osteopath	Radiation Oncology	203BR0001Y
Physician/Osteopath	Radiation Therapy	203BR0002Y
Physician/Osteopath	Radiological Physics	203BR0205N
Physician/Osteopath	Radiology	203BR0200Y
Physician/Osteopath	Radiology, Angiography & Interventional	203BR0201Y
Physician/Osteopath	Radiology, Diagnostic	203BR0202Y
Physician/Osteopath	Radiology, Therapeutic	203BR0203N
Physician/Osteopath	Radiology, Vascular & Interventional	203BR0204N
Physician/Osteopath	Radium Therapy	203BR0300N
Physician/Osteopath	Rehabilitation Medicine	203BR0402Y
Physician/Osteopath	Rheumatology	203BR0500Y
Physician/Osteopath	Rhinology	203BR0600N
Physician/Osteopath	Roentgenology	203BR0700Y
Physician/Osteopath	Roentgenology, Diagnostic	203BR0701Y
Physician/Osteopath	Sports Medicine	203BS0000Y
Physician/Osteopath	Sports Medicine: Emergency Medicine	203BS0001Y
Physician/Osteopath	Sports Medicine: Family Practice	203BS0002Y
Physician/Osteopath	Sports Medicine: Internal Medicine	203BS0003Y
Physician/Osteopath	Sports Medicine: Pediatrics	203BS0004Y
Physician/Osteopath	Surgery, Abdominal	203BS0104N
Physician/Osteopath	Surgery, Cardiovascular	203BS0133N
Physician/Osteopath	Surgery, Colon & Rectal Surgery	203BS0101Y
Physician/Osteopath	Surgery, Facial Plastic	203BS0123Y
Physician/Osteopath	Surgery, General	203BS0100Y
Physician/Osteopath	Surgery, General Vascular	203BS0129Y

Physician/Osteopath	Surgery, Hand	203BS0105Y
Physician/Osteopath	Surgery, Hand: Orthopedic Surgery	203BS0106Y
Physician/Osteopath	Surgery, Hand: Plastic Surgery	203BS0107Y
Physician/Osteopath	Surgery, Head & Neck	203BS0108N
Physician/Osteopath	Surgery, Neurological	203BS0110Y
Physician/Osteopath	Surgery, Obstetric & Gynecologic	203BS0111Y
Physician/Osteopath	Surgery, Orthopedic	203BS0113Y
Physician/Osteopath	Surgery, Orthopedic, Adult Reconstructive	203BS0114N
Physician/Osteopath	Surgery, Orthopedic, Musculoskeletal Oncology	203BS0115N
Physician/Osteopath	Surgery, Orthopedic, Pediatric	203BS0116N
Physician/Osteopath	Surgery, Orthopedic, Spine	203BS0117N
Physician/Osteopath	Surgery, Orthopedic, Trauma	203BS0119N
Physician/Osteopath	Surgery, Otorhinolaryngology & Facial Plastic Surgery	203BS0130Y
Physician/Osteopath	Surgery, Pediatric	203BS0120Y
Physician/Osteopath	Surgery, Plastic	203BS0121Y
Physician/Osteopath	Surgery, Plastic & Reconstructive	203BS0122Y
Physician/Osteopath	Surgery, Thoracic	203BS0125Y
Physician/Osteopath	Surgery, Thoracic Cardiovascular	203BS0126Y
Physician/Osteopath	Surgery, Traumatic	203BS0127N
Physician/Osteopath	Surgery, Urological	203BS0128Y
Physician/Osteopath	Surgical Critical Care: Surgery	203BS0102Y
Physician/Osteopath	Thermography	203BT0100N
Physician/Osteopath	Toxicology, Medical	203BT0000Y
Physician/Osteopath	Toxicology, Medical: Emergency Medicine	203BT0002Y
Physician/Osteopath	Toxicology, Medical: Preventive Medicine	203BT0001Y
Physician/Osteopath	Ultrasound, Diagnostic	203BU0001Y
Physician/Osteopath	Underseas Medicine: Preventive Medicine	203BU0300Y

Physician/Osteopath	Urology	203BU0100Y
Physicians (Other Roles)		
Physician/Osteopath	Laboratory Service Provider	353BL0002N
Physician/Osteopath	Supplier	353BS0900N
Podiatric Medicine & Surgery Service		
Assistant, Podiatric		211D00000N
Podiatrist		213E00000N
Podiatrist	General Practice	213EG0000N
Podiatrist	Preventive Medicine: Public Health	213EP0504N
Podiatrist	Primary Podiatric Medicine	213EP1101N
Podiatrist	Radiology	213ER0200N
Podiatrist	Sports Medicine	213ES0000N
Podiatrist	Surgery, Foot	213ES0131N
Podiatrist	Surgery, Foot & Ankle	213ES0103N
Respiratory, Rehabilitative & Restorative		
Art Therapist		221700000N
Dance Therapist		225600000N
Kinesiotherapist		226300000N
Massage Therapist		225700000N
Music Therapist		225A00000N
Occupational Therapist		225X00000N
Occupational Therapist	Case Management	225XC0400N
Occupational Therapist	Ergonomics	225XE1200N
Occupational Therapist	Hand	225XH1200N
Occupational Therapist	Human Factors	225XH1300N
Occupational Therapist	Neurorehabilitation	225XN1300N
Occupational Therapist	Pediatrics	225XP0200N
Occupational Therapist	Rehabilitation, Driver	225XR0403N
Occupational Therapy Assistant		224Z00000N
Orthotics/Prosthetics Fitter		225000000N
Orthotist		222Z00000N
Physical Therapist		225100000N
Physical Therapist	Cardiopulmonary	2251C2600N
Physical Therapist	Case Management	2251C0400N

Physical Therapist	Electrophysiology, Clinical	2251E1300N
Physical Therapist	Ergonomics	2251E1200N
Physical Therapist	Geriatrics	2251G0304N
Physical Therapist	Hand	2251H1200N
Physical Therapist	Human Factors	2251H1300N
Physical Therapist	Neurology	2251N0400N
Physical Therapist	Orthopedic	2251X0800N
Physical Therapist	Pediatrics	2251P0200N
Physical Therapist	Sports	2251S0007N
Physical Therapy Assistant		225200000N
Prosthetist		224P00000N
Pulmonary Function Technologist		225B00000N
Recreation Therapist		225800000N
Rehabilitation Counselor		225C00000N
Rehabilitation Counselor	Assistive Technology Practitioner	225CA2400N
Rehabilitation Counselor	Assistive Technology Supplier	225CA2500N
Rehabilitation Practitioner		225400000N
Respiratory Therapist		225900000N
Respiratory Therapist	Perinatal	2259P1700N
Specialist/Technologist	Athletic Trainer	2255A2300N
Specialist/Technologist	Rehabilitation, Blind	2255R0406N
Speech, Language and Hearing Service		
Audiologist		231H00000N
Audiologist	Assistive Technology Practitioner	231HA2400N
Audiologist	Assistive Technology Supplier	231HA2500N
Audiologist-Hearing Aid Fitter		237600000N
Hearing Instrument Specialist		237700000N
Specialist/Technologist	Audiology Assistant	2355A2700N
Specialist/Technologist	Speech-Language Assistant	2355S0801N

Speech-Language Pathologist		235Z00000N
Technologists, Technicians & Other		
Radiologic Technologist	Cardiovascular-Interventional Technology: Radiography	2471C1101N
Radiologic Technologist	Computed Tomography: Radiation Therapy	2471C3401N
Radiologic Technologist	Computed Tomography: Radiography	2471C3402N
Radiologic Technologist	Dosimetrist, Medical	2471D1300N
Radiologic Technologist	Magnetic Resonance Imaging (MRI): Radiation Therapy	2471M1201N
Radiologic Technologist	Magnetic Resonance Imaging (MRI): Radiographer	2471M1202N
Radiologic Technologist	Mammography: Radiography	2471M2300N
Radiologic Technologist	Nuclear Medicine Technology	2471N0900N
Radiologic Technologist	Quality Management: Radiation Therapy	2471Q0001N
Radiologic Technologist	Quality Management: Radiographer	2471Q0002N
Radiologic Technologist	Radiation Physicist	2471R0003N
Radiologic Technologist	Radiation Therapy	2471R0002N
Radiologic Technologist	Radiographer	2471R1500N
Radiologic Technologist	Sonography, Diagnostic Medical	2471S1302N
Specialist/Technologist, Cardiology	Cardiology	246VC0100N
Specialist/Technologist, Cardiology	Cardiopulmonary-Cardiovascular	246VC2400N
Specialist/Technologist, Cardiology	Cardiovascular: Invasive Technology	246VC2901N
Specialist/Technologist, Cardiology	Cardiovascular: Noninvasive Technology	246VC2902N
Specialist/Technologist, Cardiology	Cardiovascular: Vascular Technology	246VC2903N
Specialist/Technologist, Cardiovascular	Perfusionist	246VP3600N

Specialist/Technologist, Cardiology	Sonography, Diagnostic Cardiac	246VS1301N
Specialist/Technologist, Cardiology	Vascular	246VV0100N
Specialist/Technologist, Health Information	Coding Specialist, Hospital Based	246YC3301N
Specialist/Technologist, Health Information	Coding Specialist, Physician Office Based	246YC3302N
Specialist/Technologist, Health Information	Registered Record Administrator	246YR1600N
Specialist/Technologist, Other	Art, Medical	246ZA2600N
Specialist/Technologist, Other	Biochemist	246ZB0500N
Specialist/Technologist, Other	Biomedical Engineering	246ZB0301N
Specialist/Technologist, Other	Biomedical Photographer	246ZB0302N
Specialist/Technologist, Other	Biostatistician	246ZB0600N
Specialist/Technologist, Other	EEG	246ZE0500N
Specialist/Technologist, Other	Electroneurodiagnostic	246ZE0600N
Specialist/Technologist, Other	Forensic	246ZF0200N
Specialist/Technologist, Other	Geneticist, Medical (PhD)	246ZG1000N
Specialist/Technologist, Other	Graphics Methods	246ZG0701N
Specialist/Technologist, Other	Illustration, Medical	246ZI1000N
Specialist/Technologist, Other	Nephrology	246ZN0300N
Specialist/Technologist, Other	Surgical	246ZS0400N
Specialist/Technologist, Other	Virology	246ZV0500N
Specialist/Technologist, Pathology	Blood Banking	246QB0000N
Specialist/Technologist, Pathology	Chemistry	246QC1000N
Specialist/Technologist, Pathology	Cytotechnology	246QC2700N
Specialist/Technologist,	Hemapheresis	246QH0401N

Pathology	Practitioner	
Specialist/Technologist, Pathology	Hematology	246QH0000N
Specialist/Technologist, Pathology	Histology	246QH0600N
Specialist/Technologist, Pathology	Immunology	246QI0000N
Specialist/Technologist, Pathology	Laboratory Management	246QL0900N
Specialist/Technologist, Pathology	Laboratory Management, Diplomate	246QL0901N
Specialist/Technologist, Pathology	Medical Technologist	246QM0706N
Specialist/Technologist, Pathology	Microbiology	246QM0900N
Technician, Cardiology	Cardiographic	246WC3000N
Technician, Cardiology	ECG	246WE0400N
Technician, Health Information	Assistant Record Technician	2470A2800N
Technician, Other	Biomedical Engineering	2472B0301N
Technician, Other	Darkroom	2472D0500N
Technician, Other	EEG	2472E0500N
Technician, Other	Renal Dialysis	2472R0900N
Technician, Other	Veterinary	2472V0600N
Technician, Pathology	Histology	246RH0600N
Technician, Pathology	Medical Laboratory	246RM2200N
Technician, Pathology	Phlebotomy	246RP1900N
Agencies		
Agency	Case Management	2514C0400N
Agency	Home Health	2514H0200N
Agency	Home Infusion	2514H0201N
Agency	Hospice Care, Community Based	2514H0300N
Agency	Nursing Care	2514N1101N
Agency	Public Health or Welfare	2514P0906N
Agency	Voluntary or Charitable	2514V0001N
Ambulatory Health Care Facilities		
Clinic/Center	Adult Day Care	261QA0600N
Clinic/Center	Ambulatory Surgical	261QA1903N
Clinic/Center	Birthina	261OB0400N

Clinic/Center	Community Health	261QC1500N
Clinic/Center	Corporate Health	261QC1800N
Clinic/Center	Dental	261QD0000N
Clinic/Center	Emergency Care	261QE0002N
Clinic/Center	End-Stage Renal Disease (ESRD) Treatment	261QE0700N
Clinic/Center	Endoscopy	261QE0800N
Clinic/Center	Federally Qualified Health Center (FQHC)	261QF0400N
Clinic/Center	Health	261QH0100N
Clinic/Center	Infusion Therapy	261QI0500N
Clinic/Center	Lithotripsy	261QL0400N
Clinic/Center	Magnetic Resonance Imaging (MRI)	261QM1200N
Clinic/Center	Mental Health (Including Community Mental Health Center)	261QM0801N
Clinic/Center	Migrant Health	261QM1000N
Clinic/Center	Military	261QM1100N
Clinic/Center	Military Expanded Services	261QM1101N
Clinic/Center	Military Operational Component	261QM1102N
Clinic/Center	Multi-Specialty	261QM1300N
Clinic/Center	Occupational Medicine	261QX0100N
Clinic/Center	Oncology, Radiation	261QX0203N
Clinic/Center	Pain	261QP3300N
Clinic/Center	Physical Therapy	261QP2000N
Clinic/Center	Podiatric	261QP1100N
Clinic/Center	Primary Care	261QP2300N
Clinic/Center	Prison Health	261QP2400N
Clinic/Center	Public Health, Federal	261QP0904N
Clinic/Center	Public Health, State or Local	261QP0905N
Clinic/Center	Radiology	261QR0200N
Clinic/Center	Radiology: Mammography	261QR0206N
Clinic/Center	Radiology: Mobile	261QR0208N
Clinic/Center	Radiology: Mobile Mammography	261QR0207N
Clinic/Center	Recovery Care	261OR0800N

Clinic/Center	Rehabilitation	261QR0400N
Clinic/Center	Rehabilitation, Comprehensive Outpatient Rehabilitation Facility (CORF)	261QR0401N
Clinic/Center	Rehabilitation, Substance Use Disorder	261QR0405N
Clinic/Center	Rehabilitation: Cardiac Facilities	261QR0404N
Clinic/Center	Research	261QR1100N
Clinic/Center	Rural Health	261QR1300N
Clinic/Center	Sleep Disorder Diagnostic	261QS1200N
Clinic/Center	Student Health	261QS1000N
Clinic/Center	Surgery, Ophthalmologic	261QS0132N
Clinic/Center	Surgery, Oral/Maxillofacial	261QS0112N
Clinic/Center	Urgent Care	261QU0200N
Clinic/Center	VA	261QV0200N
Hospital Units		
Medicare Defined Swing Bed Unit		275N00000N
Psychiatric Unit		273R00000N
Rehabilitation Unit		273Y00000N
Rehabilitation, Substance Use Disorder Unit		276400000N
Hospitals		
Christian Science Sanatorium		287300000N
Chronic Disease Hospital		281P00000N
Chronic Disease Hospital	Children	281PC2000N
General Acute Care Hospital		282N00000N
General Acute Care Hospital	Children	282NC2000N
General Acute Care Hospital	Rural	282NR1301N
General Acute Care Hospital	Women	282NW0100N

Military Hospital	Community Health	2865C1500N
Military Hospital	Medical Center	2865M2000N
Military Hospital	Operational Component Facility	2865X1600N
Psychiatric Hospital		283Q00000N
Rehabilitation Hospital		283X00000N
Rehabilitation Hospital	Children	283XC2000N
Special Hospital		284300000N
Laboratories		
Clinical Medical Laboratory		291U00000N
Dental Laboratory		292200000N
Physiological Laboratory		293D00000N
Managed Care Organizations		
Exclusive Provider Organization		302F00000N
Health Maintenance Organization		302R00000N
Point of Service		305S00000N
Preferred Provider Organization		305R00000N
Nursing & Custodial Care Facilities		
Alzheimer Center (Dementia Center)		311500000N
Christian Science Facility		317400000N
Custodial Care Facility		311Z00000N
Hospice, Inpatient		315D00000N
Intermediate Care Facility, Mentally Retarded		315P00000N
Nursing Facility/Intermediate Care Facility		313M00000N
Skilled Nursing Facility		314000000N
Residential Treatment Facilities		
Psychiatric Residential Treatment Facility		323P00000N
Residential Treatment Facility for Emotionally Disturbed Children		322D00000N

Substance Use Rehabilitation Facility		324500000N
Suppliers		
Blood Bank		331L00000N
Durable Medical Equipment & Medical Supplies		332B00000N
Durable Medical Equipment & Medical Supplies	Customized Equipment	332BC3200N
Durable Medical Equipment & Medical Supplies	Dialysis Equipment & Supplies	332BD1200N
Durable Medical Equipment & Medical Supplies	Nursing Facility Supplies	332BN1400N
Durable Medical Equipment & Medical Supplies	Oxygen Equipment & Supplies	332BX2000N
Durable Medical Equipment & Medical Supplies	Parenteral & Enteral Nutrition	332BP3500N
Eye Bank		332G00000N
Eyewear Supplier (Equipment, not the service)		332H00000N
Hearing Aid Equipment		332S00000N
Home Delivered Meals		332U00000N
Organ Procurement Organization		335U00000N
Pharmacy		333600000N
Portable X-Ray Supplier		335V00000N
Prosthetic/Orthotic Supplier		335E00000N
Transportation Services		
Ambulance	Air	3416A0800N
Ambulance	Land	3416L0300N
Ambulance	Sea	3416S0300N
Medical Transport (Van)		343900000N
Taxi		344600000N

**CODE TABLE 3
PLACE OF SERVICE**

Code	Place	Definition
11	Office	Location, other than a hospital, Skilled Nursing Facility (SNF), Military Treatment Facility, Community Health Center, State or Local Public Health Clinic or Intermediate Care Facility (ICF), where the health professional routinely provides health examinations, diagnosis and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and non-surgical) and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22	Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and non-surgical) and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room-Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and non-surgical) and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery and immediate postpartum care as well as immediate care of newborn infants.
26	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).

Code	Place	Definition
31	Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing or rehabilitative services which does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disable, or sick persons or on a regular basis health-related care services above the level of custodial care to other than mentally retarded individuals.
33	Custodial Care Facility	A facility which provides room, board or other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
41	Ambulance-Land	A land vehicle specifically designed, equipped, and staffed for lifesaving and transporting the sick or injured.
42	Ambulance Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
50	Federally-Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
52	Psychiatric Facility Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full-time hospitalization, but who need broader programs than are possible form outpatient visits in a hospital-based or hospital affiliated facility.

Code	Place	Definition
53	Community Mental Health Center	<p>A facility that provides the following services:</p> <ul style="list-style-type: none"> • Outpatient services including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; • 24-hour a day emergency services; • Day treatment, other partial hospitalization services, or psychosocial rehabilitation services; • Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admissions; and • Consultation and education services.
54	Intermediate Care Facility/Mentally Retarded	A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provide the level of care of treatment available in a hospital or SNF.
55	Residential Substance Abuse Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs, and supplies, psychological testing and room and board.
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include rehabilitation nursing, physical therapy, occupational therapy, speech pathology, social of psychological services, and orthotics and prosthetics services.

Code	Place	Definition
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include rehabilitation nursing, physical therapy occupational therapy, speech pathology, social and psychological services and orthotics and prosthetics services.
65	End Stage Renal Disease Treatment Facility	A facility other than a hospital, which provides dialysis treatment, maintenance and/or training to patients or care givers on an ambulatory or home-care basis.
71	State or Local Public Health Clinic	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.
72	Rural Health Clinic	A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution of a physicians office.
99	Other Unlisted Facility	Other service facilities not identified above.